FVSU Tower Logo

Fort Valley State University

**Telework/Flextime Work Agreement**

This telework/flextime agreement (hereafter “agreement”), effective (date)      , is between (employee name) (hereinafter referred to as “Employee”), an employee of Fort Valley State University. The parties agree as follows:

**Scope of Work**

Employee agrees, unless it is a condition of employment, that telework/flextime is voluntary and may be terminated, by either the Employee or Fort Valley State University with or without cause.

Other than those duties and obligations expressly imposed on Employee under this agreement, the duties, obligations, responsibilities, and conditions of Employee’s employment with Fort Valley State University remain unchanged. Employee’s rate of pay and participation in the retirement benefit and any Fort Valley State University sponsored insurance plans shall remain unchanged.

This agreement shall be construed, interpreted, and enforced according to the laws of the State of Georgia.

**Work Hours and Leave**

Employee agrees that work hours will conform to the terms agreed upon by Employee and Fort Valley State University.

Bi-weekly employees subject to mandatory overtime must obtain approval from their supervisor before performing overtime. Failure to comply with this requirement can result in the immediate cessation of the telework agreement and/or disciplinary actions. Employee agrees to obtain advance supervisory approval before taking leave.

**Work Schedule and Work Status**

Employee agrees to develop a work schedule with Employee’s supervisor, and Employee’s supervisor must agree in advance to any changes to Employee’s Work Schedule.

Employee agrees to perform only official duties and not to conduct personal business while on work status during the telework/flextime hours, regardless of direct supervision.

The Employee’s telework/flextime schedule shall be as follows (note that employee is authorized to work up to one day per week from home, with that date normally being on Friday but subject to change based upon business necessity as determined in the sole discretion of the supervisor):

|  |  |  |  |
| --- | --- | --- | --- |
| **Week 1** | **Date** | **Start Time** | **End Time** |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| **Week 2** | **Date** | **Start Time** | **End Time** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Other Action**

Nothing in this agreement precludes Fort Valley State University from taking any appropriate disciplinary or adverse action against an Employee if the Employee fails to comply with the provisions of this agreement or terms and conditions of employment.

**Participation in Studies and Reports**

Employee agrees to participate in studies, inquiries, reports, or analyses relating to flextime.

**Term of Agreement**

This agreement shall be for the period of (start date) , through , not to exceed end of current fiscal year, and may be renewed in one year periods or shorter at the discretion of the supervisor, if requested by the Employee.

**Provisions for Cancellation of Agreement**

Employee’s participation in the telework/flextime program is voluntary and is available only as long as Employee is deemed eligible at Fort Valley State University’s sole discretion. Flextime is not an entitlement or benefit of employment. Either party may cancel an Employee’s voluntary participation in flextime, with or without cause, upon reasonable notice thereof, in writing, to the other. This agreement is not a contract of employment and may not be construed as one.

**I have read and understand this Agreement and the Telework/Flextime Guidelines and agree to abide by and operate in accordance with the terms and conditions. I agree that the sole purpose of this agreement is to regulate telework/flextime and that it does not constitute an employment contract, or an amendment to any existing contract, and may be cancelled at any time.**

Employee (printed name)

Employee (signature) Date

Supervisor (printed name)

Supervisor (signature) Date

Human Resources Director (signature) Date