

University of Dallas Flexible Work Agreement (FWA) Form

Employee Information

Last Name:	First Name:	UD ID:
College/Unit/Department:	Primary Campus Work Location:	
Director Supervisor/Manager:	Vice President/Dean:	
Specify Agreement Duration:		
Start Date:		End Date:

Remote Work Location

Street Address:	City:
State:	Zip Code:
Telephone Number: _____ Cell _____ Landline (_____) _____ - _____	
Remote Work Location Description (include a brief description of furniture, equipment or other dedicated resources): 	

Employee Remote Work Days

Note: The days and work hours listed below have been agreed upon between the employee and the supervisor. The employee must be reachable via telephone or email within the time periods indicated below.				
Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
_____ am - _____ pm	_____ am - _____ pm	_____ am - _____ pm	_____ am - _____ pm	_____ am - _____ pm

Employee Remote Work Days - (Optional Schedule if necessary)

Note: The days and work hours listed below have been agreed upon between the employee and the supervisor. The employee must be reachable via telephone or email within the time periods indicated below.				
Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
_____ am - _____ pm	_____ am - _____ pm	_____ am - _____ pm	_____ am - _____ pm	_____ am - _____ pm

If there are any UD assets or equipment that will be used at home, they must be listed below:

By signing this Agreement, I acknowledge the following:

- The information I have provided on this form is accurate.
- If my remote work address changes, I understand it is my responsibility to notify my supervisor and complete a new FWA form. If my permanent address changes, I will update my address in Banner Web or notify HR.
- I understand there will be no reimbursement of internet or mobile costs related to my flexible work agreement.
- I agree to abide by the University's Network Acceptable Use policy in my remote work location as I do while working on campus.
- I agree that I must furnish and keep my remote work location workspace in a safe manner.
- I will abide by the following Safety Guidelines while working remotely:

RWL Workstation Design

- Adjust your computer screen so that it is approximately 18-26 inches from your eyes and its height is slightly below eye level.
- Reduce the risk of an injury by keeping your work area clean.
- Keep walkways clear and avoid clutter to reduce the risk of a slip or fall.
- Use power strips to avoid tangled extension cords.
- Ensure that all electrical cords are in good condition.

Postural Considerations

- Keep your head straight and elbows bent at 90 degrees when using a keyboard. Always keep wrists in a neutral (straight) position.
 - Keep your feet flat on the floor and relax neck and shoulder muscles to minimize stress.
 - Alternate work tasks, rotate activities and take periodic mini-breaks to rest muscles.
 - Sit with your head, neck and back upright. Support your lower back with a pillow, if needed.
 - When lifting, keep the load against your body and lift with your legs, not just your back.
- I will employ secure work security measures and protect University assets.
 - I understand that remote work is voluntary and can be stopped by a supervisor or employee with a ten (10) calendar day written notice or immediately if there is a security breach.
 - I understand the University retains the right to change any or all conditions of the flexible work agreement based on the needs of the department.

Employee Signature

Date

Supervisor Signature

Date

Vice President or Dean Signature

Date

NOTE: Supervisor should keep a copy and send the original FWA to the Office of Human Resources, 140 CFH or hr@udallas.edu.