

FLEXWORK ARRANGEMENT FORM

Introduction

The Flexwork Arrangement Form is an important tool to define the details of an approved flexwork arrangement, including specifics about how, where, and when work will be performed.

The following information must be agreed upon by the employee and the employee's immediate supervisor and must be approved up the chain of command to include the approval of the Vice President of the Division. All requests to work outside of the state of Mississippi must also include the approval of HRM and the Office of General Counsel. See Policy 60.324 for further information.

Employee Information:

Employee Name:	MSU ID:	
Email:	Job Title:	
Department/Unit:	Exempt	<input type="checkbox"/>
Supervisor/Manager:	Non-Exempt (Overtime-Eligible)	<input type="checkbox"/>

Type of Flexwork Arrangement (select one):

<input type="checkbox"/> Hybrid/Flex Telework	An arrangement in which an employee works at a Flexible Work Location for 1-3 days per week and at a University assigned location the remainder of the week. This is the most common telework arrangement.
<input type="checkbox"/> Fixed In/Out	Employees have an assigned number of days per month to be in the office with the remainder of the days to be worked at a Flexible Work Location.
<input type="checkbox"/> Flex Around Core Obligations	Individuals chose to either work at their university assigned location or their Flexible Work Location based on the work they need to perform (no predetermined days on-site).
<input type="checkbox"/> Remote Work (Fully Off-Site)	Individuals are expected to work off-campus or away from university operated sites at an approved Flexible Work Location almost entirely with minimal expectations of working at a university assigned location.

Flexible Work Location:

Please provide the address at which you will perform your job while not at your university assigned location.

Schedule and Location Details:

	Start Time	End Time	Start Time (split schd)	End Time (split schd)	Work Location – Campus, MSU controlled site or Flexible Work Location Defined Above
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Security Measures:

Please describe physical security measures you will take for the flexible work location to ensure University documents and computers are protected.

Considerations for Flexwork Arrangements:

Please confirm the following:

I have discussed the pros and cons of flexwork arrangement with my supervisor.	Yes <input type="checkbox"/>
I have reviewed MSU's Information Security Policy and IT Security Tools resource for advice on protecting MSU's information at various levels. I understand that these policies apply to my flexible work location as well.	Yes <input type="checkbox"/>
I understand that non-MSU activities such as full-time dependent care or work on a personal project are a significant distraction and not appropriate during scheduled work time.	Yes <input type="checkbox"/>
If Non-Exempt (overtime eligible), I understand that all hours worked must be reported and that ANY overtime requires supervisor pre-approval when a flexwork arrangement exists.	Yes <input type="checkbox"/>
I understand that I may not work outside of the state of Mississippi without approval from HRM and the Office of General Counsel.	Yes <input type="checkbox"/>
I understand the potential disadvantage of a flexwork arrangement, including but not limited to: <ul style="list-style-type: none"> • Less access to colleagues which can impact camaraderie, brainstorming, and shared experiences important to typical office culture and are more readily available when working in-person. • Decreased visibility within the organization and access to leaders and potential mentors. • Fewer defined boundaries required for work/life balance. • Distractions at home (spouse, children, pets, personal chores) all increasing the potential for reduced productivity and performance. 	Yes <input type="checkbox"/>

This arrangement will next be reviewed on the following schedule: *Flexwork arrangements should be formally reviewed no less than every 6 months and during annual performance review.*

Communication Schedule:

Please define your anticipated communication schedule and method with your supervisor, team, students, campus clients, etc. For example, each Monday at 9am there will be a weekly Teams video chat with the supervisor, each Wednesday at 4pm there will be a weekly Teams video chat with the team, and so on.

Supplies needed from the University:

If working remotely, please confirm you have set up your Flexible Work Location or provide information regarding what equipment, tools or resources you need to be successful working remotely. For security purposes, all employees who will be working remotely on computers, will generally be issued and work only on a University owned computer. Remote work from personally owned equipment is expected to be done by connecting to a University owned computer protected by two-factor Remote Desktop technology.

Note: Individuals working remotely must comply with all provisions of the University's Policy on Information Security: <https://www.policies.msstate.edu/policy/0110>

ACKNOWLEDGEMENT

Flexible work arrangements are subject to ongoing review and may be terminated at any time based on performance concerns, organizational needs, or team structural changes. Generally, the employee or supervisor/manager should give at least 2 weeks’ notice in advance of ending or changing an arrangement, business needs permitting. In some specific instances, such as when an employee changes to a part-time schedule, it may not be possible to return to the original schedule and alternatives may need to be explored.

Approval Chain

(Supervisor will identify appropriate approval chain and signatures needed. The chain should end with the appropriate Vice President. If the employee will work out of state, prior approval must be obtained from HRM and the Office of General Counsel. To do so, the VP’s office will forward this form to both offices prior to VP approval. If approved, the VP’s office will return form to the employee/supervisor and HRM.)

Employee Signature & Date:

Supervisor/Manager Signature & Date:

Approver: _____

Approver: _____

VP (office): _____

HRM: _____

Office of General Counsel: _____