



INTERIM STAFF FLEXIBLE WORK POLICY AGREEMENT

I have read and understand Saint Louis University's Interim Staff Flexible Work policy, and I agree to the responsibilities and conditions set out in that document.

I agree that, among other things, I am responsible for maintaining specific remote work hours consistent with departmental needs and requirements, maintaining my workspace in a safe manner, maintaining University information as confidential, and taking appropriate measures to secure and protect University information and property. Further, I agree that upon termination of this arrangement, I am obligated to immediately return to the University all of its property and information in a secure manner.

I recognize that I must adhere to all University and departmental policies while working remotely. If I am a non-exempt hourly employee, I understand that I must be diligent in reporting paid time appropriately, including any sick time, vacation time, FMLA leave, and other excused or unexcused absences in accordance with the University's established policies. Any change in scheduled hours must be reviewed and approved by my supervisor.

I understand that at any time the University may modify or terminate this arrangement upon reasonable notice. This Agreement does not constitute a contract of employment.

Details of this remote work arrangement are set forth below.

Employee Name:	
Employee ID #:	
Position Title:	
Department/College/Division:	
Employee Phone Number:	
Employee Email Address:	
Supervisor Name:	
Supervisor Phone Number:	
Flexible Work Arrangement Start Date:	

Flexible Work Schedule and Location

Please check the boxes below that apply to the flexible work arrangement being implemented and provide your typical work schedule and location with an understanding that schedule variations may occur.

☐ 100% Remote ☐ Partially Remote (hybrid) ☐ Alternative Work Schedule

DAY OF THE WEEK	WORK HOURS	WORK LOCATION
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Additional Notes About Flexible Work Arrangement:

Equipment:

University assets to be used at remote work location (description and ID numbers):

Policy and Procedure Acknowledgement:

I have read, understand, and agree to comply with the University Interim Staff Flexible Work Policy. (Your name may serve as your Electronic Signature)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

VP/Dean Signature: _____ Date: _____

The supervisor should retain a copy of the Interim Staff Flexible Work Policy Agreement and send a copy to hr@slu.edu for uploading to the employee's Workday file.