



### Flexible On-Campus Work Schedule Agreement

This Flexible **on-campus** Work Schedule Agreement is established between Linfield University and \_\_\_\_\_ . This agreement is effective as of \_\_\_\_\_ and will remain in effect until \_\_\_\_\_ unless modified or terminated by Linfield University or the employee. In the event that either the University or the employee intends to terminate this agreement, a minimum of two-weeks written notice will be provided. In the event of a workplace emergency, this agreement may be suspended immediately and indefinitely. This agreement may be reviewed at any time.

The agreed upon flexible **on-campus** work arrangements including days and hours are described as follows:

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This agreement is subject to the employee satisfying the following conditions on a continuing basis:

- The employee shall perform all job duties at a satisfactory performance level.
- The employee's work schedule does not interfere with normal interactions with his/her supervisor, co-workers or customers.
- The employee's work schedule does not adversely affect the ability of other University employees to perform their jobs.
- The employee will remain accessible to co-workers scheduled to work during the University's traditional business hours.
- The employee's paid leave will be earned and used in the same manner as prior to this flexible work arrangement agreement and be subject to all other applicable University leave policies.

All of the employee's obligations and responsibilities, and terms and conditions of employment with the University remain unchanged, except those specifically changed by this agreement. Any noncompliance with this agreement by the employee may result in modification or immediate termination of the flexible **on-campus** work arrangement established by this agreement.

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I have read and understand this agreement and all its provisions. By signing below, I agree to be bound by its terms and conditions.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division Vice President signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Received by Office of Human Resources on \_\_\_\_\_ by \_\_\_\_\_*