

Remote and Flexible Work Agreement

**this form is not for seasonal/temporary remote work situations*

EMPLOYEE INFORMATION			
Name:		Department:	
Job Title:		Manager/ Supervisor Name:	
Current Status		Exempt	Non-exempt
Full-Time	Part-Time		

Type of Alternative Work Proposed

Flextime Compressed Work Week Remote Work
 Start Date _____ End Date _____ (optional)

Remote Work Schedule Proposed

_____ days/month or _____ percentage of remote work/year

This agreement is a voluntary agreement between the staff member and their supervisor. The job duties, obligations, responsibilities and standards of performance and conditions of employment remain unchanged.

1. I understand that my eligibility for Remote Work must be approved by my supervisor and Human Resources and that I must comply with all requirements as established in the Alternative Work Arrangements Policy.
2. I understand that the Alternative Work Arrangements are subject to ongoing review by management and may be amended or discontinued at any time.
3. I understand that no Cleveland Institute of Art employee is entitled to or guaranteed the opportunity to work remotely and that certain categories of positions are ineligible for Alternative Work Arrangements.
4. I understand that staff who are granted Remote Work privileges must be able to come into work if requested and a request for an employee to attend a meeting or event on campus despite it being a designated remote workday does not guarantee that another remote day may be substituted.
5. Remote Work must occur from the home address on record with the Institution.
6. I understand that remote work is not a substitute for dependent care and alternative supervision or care outside of the Remote Work location must be established prior to the initiation of Remote Work.
7. I understand that I must be available during designated work hours via phone, email, instant message or other communication as established by my supervisor.
8. I agree to follow the guidelines outlined in CIA's [Acceptable Use Policy](#).

APPROVALS		
Employee Name:	Signature:	Date:
Manager/Supervisor Name:	Signature:	Date:
Vice President Name:	Signature:	Date:
HR Approval:	Signature:	Date: