



**Flexible Work Arrangement Agreement  
Scope and Duration of Agreement**

A Flexible Work Arrangement is available to employees deemed eligible by the University of Iowa and may be granted at the sole discretion of the University.

This Flexible Work Arrangement Agreement is established between the University and \_\_\_\_\_.

This Agreement shall become effective as of \_\_\_\_\_, and shall remain in effect until \_\_\_\_\_, unless modified or terminated by the University, the Department or the Employee. In the event that either the University or the Employee needs to terminate the Agreement, that party shall provide the other with four weeks written notice; provided, however, that in the event of a work place emergency the Agreement shall be suspended immediately. The Agreement will be reviewed by both parties every \_\_\_\_\_ month(s) or more often if so desired by either party.

This Agreement is subject to the Employee satisfying the following conditions on a continuing basis:

- Employee shall perform all work duties at the expected performance standard.
- Employee’s work schedule shall not interfere with normal interactions with supervisor, fellow employees, or customers.
- Employee’s schedule shall not adversely affect the ability of other University employees to perform their work.
- Employee shall ensure his/her accessibility to staff who maintain traditional hours.
- Personal leave (vacation and sick leave) shall be earned and applied in the same manner as prior to the Flexible Work Arrangement, subject to all other applicable University policies.
- Employee shall adhere to the agreed upon work schedule.

All of the Employee’s obligations and responsibilities, and terms and conditions of employment with the University remain unchanged, except those specifically changed in this Agreement. Any breach of this Agreement by the employee may result in modification or termination of the Flexible Work Arrangement established under this Agreement. Such modification or termination shall require only four weeks notice to the Employee before it shall become effective.

Work Schedule:

Conditions, expectations or job responsibilities:

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

\_\_\_\_\_  
Date

This Agreement is approved by \_\_\_\_\_  
(Individual) of (Department/Unit)

\_\_\_\_\_  
Date