*This is a* ***template*** *HR policy for Flexible Work Arrangements that employers/HR should modify according to specific organisational objectives and needs.*

*Sample information is provided in each section of this document, as* ***an example*** *of the guidelines and instructions that employer/HR will need to include.*

**HR POLICY FOR**

**FLEXIBLE WORK ARRANGEMENTS**

*[Insert name of organisation]*

1. **OBJECTIVE**

*[Name of organisation]* recognises the benefits in providing flexible work arrangements (“FWAs”) and would like to provide a supportive environment for employees to meet their work and personal commitments.

We are committed to fulfill our work-life mission statement.

**Work-Life Mission Statement**

*[This is a sample. Insert organisation’s mission statement here]*

*“We are committed to create a flexible and caring work environment that supports our employees’ work responsibilities and life expectations. We believe a cohesive workplace with flexible work arrangements is key to retain talent and allows us to achieve our business goal of providing top quality service to our customers.”*

This policy outlines the principles and processes for employees and managers in the implementation of FWAs in their respective departments.

**2. KEY FACTORS FOR SUCCESS**

Flexibility is helpful for some employees due to reasons of transportation, personal and familial responsibilities such as caregiving duties as well other needs and goals. Managers are encouraged to give favourable consideration to requests for FWAs as long as the business outcomes are not affected, no additional costs are incurred, the department’s effectiveness is not compromised and there is no undue burden on other co-workers in the organisation.

Success in the implementation of FWAs depends much on the trust and respect between supervisor and employee - trust that job commitments and responsibilities will be met and respect for the employee’s needs and desire to fulfill work responsibilities.

Employees interested in utilising an FWA can approach his/her supervisor for consideration. Employees and supervisors will work together to agree on the best alternative work arrangements to suit individual and business needs as well as determine performance delivery expectations.

The request for FWAs will be reviewed periodically. Some jobs/positions e.g., regular customer-facing roles or specific onsite work using specialised equipment may not be suitable for certain FWAs. Both parties should agree that a FWA may need to be revised or adapted at times and perhaps even discontinued if the mutually agreed goals and objectives are not met (e.g. work output KPIs).

**3. AVAILABILITY OF FLEXIBLE WORK ARRANGEMENTS &   
ELIGIBILITY GUIDELINES**

FWAs are arrangements agreed between supervisors and employees that allow employees to complete their work duties while utilising working schedules that vary from the usual work arrangement (i.e., variances in workload, timing and place of work).

**Flexible Work Arrangements ARE:**

* Flexible. These include variations in when, where and/or how work is carried out.
* Based on valid reasons submitted by employees.
* Planned, predictable and agreed with supervisors.

**Flexible Work Arrangements ARE NOT:**

* An entitlement or reward.
* A secret arrangement or special deal.
* For every employee or every job role.

**Available FWAs:** *[This is a sample. The list of available FWAs and corresponding eligibility guidelines that apply should be customised for the organisation]*

1. Flexi-time - Staggered Time *[This is a sample based on a Staggered Time FWA. Items in blue should be modified for the organisation]*

This enables employees working at the workplace *[normal working hours are from 9.00 am to 6.00 pm]* to vary their starting time between *[8.00 to 10.00 am]* and end correspondingly between *[5.00 pm to 7.00 pm].* To facilitate work and team interaction, employees must ensure that they are in the office during the core hours of *[10.00 am to 5.00 pm].*

Eligibility Guidelines *[This is a sample and can be customised for the organisation]*

1. Utilising Staggered Time on a regular basis is a mutually workable schedule that must be negotiated and agreed with the supervisor.
2. Issues such as staffing needs, the employee's performance, and the nature of the job role and customer requirements will be considered before approval of a Staggered Time arrangement.
3. Confirmed employees can consult their supervisor to request utilisation of the Staggered Time arrangement, subject to the supervisor’s approval after consideration of operational requirements and issues.
4. Utilising Staggered Time on an adhoc basis due to urgent personal/family needs is also feasible, subject to the supervisor’s approval.
5. Working flexible schedules may be required due to government stipulations as in safe management measures mandated in a pandemic. In such circumstances, management must communicate in a timely manner to employees the required arrangements, subject to any unique circumstances of the organisation, in compliance with the government stipulations.
6. Flexi-Place – Telecommuting *[This is a sample based on a Telecommuting FWA. Items in blue should be modified for the organisation]*

This enables employees to telecommute i.e., perform work at their choice of location other than the office, which includes work from home.

Eligibility Guidelines *[This is a sample and can be customised for the organisation]*

1. Working remotely away from the office is an option for certain job functions and is subject to prior approval of their supervisor.
2. Confirmed and good performing employees can apply to work from home/outside of office subject to agreement and approval of their supervisor.
3. Employees authorised to work remotely will be expected to maintain established performance standards, confidentiality of information and remain contactable.
4. Working remotely away from the office may be required due to government stipulations as in safe management measures mandated in a pandemic. Management of the organisation must communicate in a timely manner to employees the required arrangements, subject to any unique circumstances of the organisation, in compliance with the government stipulations.

**4. FWA IMPLEMENTATION CONSIDERATIONS**

*[These can be customised for the organisation]*

**4.1 ROLE OF ALL STAKEHOLDERS**

All stakeholders in the organisation play important roles in enabling and ensuring the success of FWA implementation within the organisation.

**Role of Senior Management**

Senior management has a pivotal role in establishing a positive workplace culture by:

* Setting the expectations for a positive workplace culture that promotes work-life harmony and incorporates relevant FWAs.
* Ensuring effective implementation of approved FWA policies and practices by HR and people managers/supervisors.
* Holding people managers/supervisors responsible for supporting employees’ needs for FWAs where feasible.
* Being a work-life champion in encouraging adoption of suitable FWAs and dispelling unnecessary skepticism.
* Walking the talk as a role model in embracing work-life harmony and flexible ways of working themselves.

**Role of** **Employee**

Employees considering FWAs should:

* Carefully consider which FWA option will meet both their needs and the needs of their organisation/team.
* Discuss their interest in a FWA with their supervisor/people manager.
* Get guidance and advice from Human Resources (HR) when needed.
* Review how the FWA they are considering would impact their work and the work of their colleagues and include their feedback and needs in the decision-making process, including how concerns will be resolved.
* Schedule time to discuss their proposal with their supervisor and work out a mutually agreeable arrangement.
* Ensure they and their supervisor have clarified all details or concerns and hold the same expectations.
* Submit signed application form to HR for comments.
* Try out the new schedule as a pilot arrangement after HR feedback is obtained. Monitor the success and challenges together, and review and fine-tune the arrangement periodically with their supervisor.

**Role of** **Supervisor**

**Supervisors considering FWAs should:**

* Consider the potential improvement of business/departmental needs when assessing FWA requests from employees.
* Seek input from other employees since an FWA for one employee can impact other team members.
* Consider each FWA request objectively on its own merits. Explore implementing the FWA as a pilot arrangement with a timeline for review.
* Ask for advice or guidance from HR, where required.
* Clarify all expectations with the employee and discuss any questions or concerns before submitting signed proposal to HR for comments.
* After HR feedback is obtained, communicate the new working arrangement to other employees in the department and relevant administrators.
* Monitor the successes and challenges of the FWA when implemented for the employee.
* Review and fine-tune the arrangement periodically and have regular discussions with the employee.

FWAs may require some adjustments in management style on the part of supervisors and may also require adjustments in communication to maintain accountability. The following tips will be helpful:

* Develop systems and structures that allow employees to respond to ever-changing work demands, such as having a back-up plan for coverage and communication when unexpected situations arise.
* Communicate explicitly and consistently about Objectives/Key Result Areas (OKRAs), i.e. outcomes and standards for accountability, quality and timeliness.
* Create a comfortable environment where employees can share concerns and creative ideas with them.
* Be open to experimenting and trying new ways of working.

**Role of** **Human Resources**

HR plays an instrumental role in:

* Ensuring consistency in policies and standards that are aligned to the needs of the organisation and its employees.
* Specifying the appropriate procedures in line with approved policies and standards.
* Providing guidance and advice to employees and supervisors.
* Reviewing and commenting on FWAs agreed between employees and supervisors.
* Verifying and evaluating the success of agreed upon FWAs, once implemented.
* Getting senior management support and endorsement of policies and practices that benefit employees and the organisation.

**4.2 CODE OF CONDUCT FOR** **FWA IMPLEMENTATION**

Employees and managers must agree to comply with our organisation’s Code of Conduct for FWA implementation. These include:

1. Our organisation understands and supports the need for flexibility which leads to healthy work-life harmony for its employees.
2. Where appropriate and consistent with business needs, our employees have the opportunity to work flexi-time or telecommute *[List of FWAs can be customised for the organisation]* according to stipulated terms agreed between the supervisor and employee, in line with guidelines set by the organisation.
3. For effective implementation of FWAs, it is important to inculcate the right mindset and trust of both employees and managers. In particular, performance should be measured on the basis of outcomes and we should change the perception of long hours being more desirable. Managers should be good role models, showing employees how to deliver work outcomes effectively and have good work-life harmony.
4. There is a need to tie flexibility with sense of responsibility. **Flexibility is a privilege and not an entitlement, with work requirements taking precedence over flexibility.** For example, employees are required to override FWAs to report back to work, if required, due to exigencies of work.
5. Employees must ensure that they remain contactable while working on FWAs and abide by expectations agreed between them and their supervisors. Employees should convey their contact information to all parties who may reasonably need to be informed e.g. via an appropriately worded “away from office” email message eg ‘I am working remotely on XXX. I am contactable via email and by mobile 123. Thank you for your support of our flexible work arrangements.’
6. Employees should not be unfairly judged on their working hours without reference to the FWA agreement reached between them and their supervisors.
7. Reasonable consideration and respect for managing boundaries should be exercised when contacting employees outside of normal working hours.
8. Employees must ensure that confidentiality of all information is handled securely, in the same way as required in the office environment.

**4.3 ESTABLISHING FWAs**

After the supervisor and employee have discussed and agreed on a FWA proposal, they should complete the Request for Flexible Work Arrangement form and submit it for review and comments by HR. The FWA can commence after feedback is received from HR.

Information include:

* Detailed description of the arrangement
* Justification for request and supervisor’s views
* Description of the work expectations
* Duration for arrangement or whether a pilot period (e.g. 3 months’ trial period) of the new arrangement is required
* Indication of when the arrangement will be reviewed and evaluated

For a flexi-place/telecommuting FWA, the employer and supervisor should sign additionally a Telecommuting Agreement that specifies key responsibilities and expectations for the FWA to function effectively.

The employee and supervisor should complete the Review of FWA form at the proposed review date. Any extension is subject to agreement of the supervisor and HR, where applicable.

If there is a change of FWA status, for example the employee is no longer on the FWA or there are material changes to the arrangement, the supervisor must update HR using the Review form or in a written notice.

**REQUEST FOR FLEXIBLE WORK ARRANGEMENT**

**(FLEXI-TIME – STAGGERED HOURS)**

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staggered hours options for starting/ending time *[These should be customised for the organisation]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick one option only** | **8.00 am**  **- 5.00 pm** | **8.30 am**  **- 5.30 pm** | **9.00 am**  **- 6.00 pm** | **9.30 am**  **- 6.30 pm** | **10.00 am - 7.00 pm** |
|  |  | **Normal** |  |  |

Reason(s) for request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impact on work of co-workers (include name(s) of co-workers consulted) and how concerns are resolved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s justifications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement on specific work expectations/OKRAs i.e. outcomes & standards for accountability, quality and timeliness:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Commencement Date for Flexible Work Arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration for arrangement of flexible work arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When arrangement would be reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Employee: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Supervisor: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This Review Section is to be completed at the proposed review date.

**REVIEW OF FWA (FLEXI-TIME – STAGGERED HOURS)**

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date for Flexible Work Arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments by Employee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments by Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Decision:

( ) Termination of Flexible Work Arrangement

( ) Extension of Flexible Work Arrangement till: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Modification of Flexible Work Arrangement, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When arrangement would be next reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Employee: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Supervisor: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR FLEXIBLE WORK ARRANGEMENT**

**(FLEXI-PLACE/TELECOMMUTING)**

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Flexible Work Arrangement:

|  |  |  |
| --- | --- | --- |
| **Arrangement** | **Day/Week** | **Location** |
| Telecommuting |  |  |

Specify means to remain contactable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impact on work of co-workers (include name(s) of co-workers consulted) and how concerns are resolved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s justifications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement on specific work expectations/OKRAs i.e. outcomes & standards for accountability, quality and timeliness:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Commencement Date for Flexible Work Arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration for arrangement of flexible work arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When arrangement would be reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Employee: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Supervisor: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This Review Section is to be completed at the proposed review date.

**REVIEW OF FWA (FLEXI-PLACE/TELECOMMUTING)**

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date for Flexible Work Arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments by Employee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments by Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Decision:

( ) Termination of Flexible Work Arrangement

( ) Extension of Flexible Work Arrangement till: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Modification of Flexible Work Arrangement, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When arrangement would be next reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Employee: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of Supervisor: Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telecommuting Agreement**

(to be completed for Employee on Flexi-place/ Telecommuting arrangement)

This document will serve as an agreement between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Employee) and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Supervisor) with regard to the telecommuting work arrangement that was agreed to commence from

\_\_\_\_\_\_\_\_\_\_ (date) and end on (if applicable) \_\_\_\_\_\_\_\_\_\_\_ (date).

1. Existing compensation and benefits, job responsibilities, supervision and performance assessment will be unaffected by this agreement, except where specifically stated.
2. Off-site work will take place at the following location and according to the following schedule:  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (days, hours, weeks, months)

1. Variations to the hours of work, should extenuating circumstances arise, are to be discussed between the employee and manager but can be agreed verbally. Hours of off-site work are the core times that the employee will be available to others. The actual hours of work will be based flexibly around these times.
2. Employees are required to be contactable when working off-site. For employees who need to be contactable at all times, the same expectations remain. For all other employees, they should be contactable within reasonable expectations, to be agreed between the supervisor and employee. The employee will keep in touch with his/her supervisor and colleagues at the office in the following ways:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The employee agrees to be at the office when required by current job responsibilities. The supervisor agrees to give consideration to the above hours of work when planning meetings and functions but it is agreed that work requirements will take precedence.
2. As per current processes, performance requirements and targets have been agreed and regular review meeting will be scheduled to monitor employee performance.
3. The employee will ensure that the off-site workspace conforms to all guidelines of the organisation, particularly those which relate to the health and safety of the workplace, and that the supervisor is allowed access to it, with appropriate notice, as required.
4. The Employee is to ensure that confidentiality of all information is handled securely and responsibly, in the same way as required in the office environment.
5. The Employee shall undertake all necessary steps to ensure that work is performed in a professional manner.
6. All organisation property, resources, and proprietary information installed and used at the off-site workplace is to be suitably secured and kept in working order at all times. Breakages are to be notified to the manager immediately.
7. This agreement will be reviewed as and when deemed necessary by management.

We agree to the conditions set forth in this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  
*Employee’s* s*ignature Employee’s name Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  
*Manager’s* s*ignature Manager’s name Date*

on behalf of *[Insert name of organisation]*