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**FLEXPLACE AGREEMENT**

This agreement is an overview of the arrangement and expectations involved in a Flexplace or Work-From-Home (WFH) program. 2 Pages 50-304

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**Thank you!**

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**Flexplace** **Program** **Agreement**

*Personal & Confidential*

**To:** *(Employee Name)* From: *(Manager Name)* Date:

**Subject:** Flexplace Program Agreement

We are anticipating a successful Flexplace arrangement between you and [ORG]. To help ensure this success, we are providing the following overview of the arrangement and our expectations.

1. This agreement begins on *(Date)* and continues until *(Date)* or *Indefinitely*. It can be withdrawn at any time, with or without limitation by management. However, both parties will endeavor to provide thirty (30) days written notice by either party.
2. As agreed upon, you will work the following schedule *(days and hours)* and be accessible during these designated days and times.
3. The alternate worksite from which you will work is *(designate work location)*.
4. Recognizing that effective communication is essential for this arrangement to be successful, you will check voicemail and e-mail on a regular basis and communicate with customers, business contacts, team members and managers as required by job responsibilities.
5. You agree that the needs of your projects or work may require you to be in the office. It is expected that you will be present in the office when required to meet work, project and/or training commitments.
6. You agree to maintain a safe and secure work environment. You agree to allow a representative of the company to assess safety and security, if necessary.
7. You agree to use company-owned equipment, records and materials for business purposes only, and to protect them against unauthorized or accidental access, use, modification, destruction or disclosure. You agree to immediately report to your manager any instances of loss, damage or unauthorized access.
8. You understand that all equipment, records and materials provided by the company shall remain the property of [ORG].
9. You agree to return all company equipment, records and materials within one (1) week upon termination of this agreement. (Only if the employee is not returning to the office location.)
10. You agree to report work-related injuries to your manager in a timely manner.
11. You agree that this working remotely arrangement will initially be reviewed by you and your manager after three (3) months using the Flexplace Assessment Form to ensure that the program is working effectively for all parties involved. After the initial review period, you and your manager will evaluate the program as needed.
12. You agree that this arrangement will continue until:
	* You indicate that you would like to conclude this arrangement; or
	* The arrangement is not successful, i.e., objectives are not being met; or
	* A change in business needs warrant the ending of the arrangements; or
	* [ORG] elects to end the arrangement.
13. If the working remotely arrangement is terminated, you will be asked to return to work in the office (or requested location).
14. You understand that you are responsible for tax consequences, if any, as a result of this arrangement, and for conformance to any local zoning regulations.
15. You understand that all obligations, responsibilities, terms and conditions of employment with [ORG] Corporation remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.

I hereby affirm by my signature that I have read this Flexplace Agreement, and understand and agree to all its provisions.

 Employee Signature & Date

 Manager Signature & Date

 Department Head Signature & Date