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**FLEXPLACE AGREEMENT**

The following constitutes the terms and conditions of the Flexplace agreement, a Work From Home option. 3 Pages 20-757

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**Flexplace Agreement**

The following constitutes the terms and conditions of the Flexplace agreement between [ORG] and **\_\_\_** (the “associate”).

**Policies**

The associate agrees to abide by all [ORG] policies, including human resource policies, [ORG] policies, the intellectual property rights of [ORG], and applicable collective bargaining agreements.

In addition to abiding by all [ORG] policies, the associate should review the following policies and guidelines prior to entering into this agreement:

* Flexplace Policy
* Computer Resource Policy
* Unauthorized Software Policy
* Intellectual Property Policy

**Requirements**

The associate is required to attend any Company provided Flexplace training either before beginning a Flexplace arrangement, or soon thereafter.

When requested, the associate must allow visits by [ORG] representatives as determined by their leader. Visits may be conducted to install, maintain, or inspect equipment, or to inspect the home office for suitability and safety. The company will provide advance notice of any such visit.

The associate agrees to participate in studies, inquiries, and evaluations related to Flexplace.

**Work Location & Hours**

The associate’s Flexplace location is: Personal Residence (Home)

The associate is scheduled to work at their Flexplace the following frequency and days:

□Weekly □ Bi-Weekly □ Every Third □ Other (as described below)

□ Monday □ Tuesday □Wednesday □ Thursday □ Friday □ Saturday □ Sunday

The associate’s start and end times on Flexplace days when they are available to leader and coworkers are:

(Ex. 8:00 a.m.-5:00 p.m. with 1 hour lunch break)

Please provide any additional details on the Flexplace work arrangement:

Note that an associate who has a Flexplace Agreement may in certain circumstances be required to share office space on their days at their regular office worksite. In the event the associate’s regular office worksite is closed due to weather or other emergency, the associate is to continue working from their Flexplace location until instructed otherwise by their leader.

**Equipment & Expenses**

Associate understands that he/she will incur costs for items such as phone and internet service that the company will not reimburse. See Flexplace Policy for full information on equipment and expenses.

If any equipment is provided by [ORG], it must be properly inventoried per [ORG] policy. The associate is required to return any [ORG] property upon request.

[ORG] will maintain all equipment owned by [ORG]. The associate will not perform maintenance or repairs on [ORG]-owned equipment without prior approval. The associate is responsible for all maintenance and repairs of associate-owned equipment.

**Limitations**

Work from Home associates must observe the following limitations when working from the Work from Home site:

* Associates cannot meet with clients at the Work from Home site.
* Associates cannot operate a business or work for another employer during work hours.
* Associates cannot use [ORG] equipment for personal use.
* Associates cannot allow others to use [ORG] equipment or access the [ORG] network.
* Associates cannot provide dependent care during work hours except under special limited conditions approved by the leader.

**Term and Termination**

The agreement is in effect from \_\_\_ to \_\_\_. It may be extended beyond this period if agreed to by [ORG] and the associate. If extended, this agreement should be reviewed and modified as necessary. This agreement is not a guarantee of employment and can be terminated at any time by either [ORG] or associate. [ORG] will not be held responsible for costs, damages or losses to the associate resulting from termination of the agreement.

**Agreement**

This agreement may be amended at any time by [ORG]. A copy of this agreement and any addendums or amendments will be provided to the associate and placed in the associate’s personnel file.

**ASSOCIATE:** By signing, the associate states they have read, understand, and agree to the terms and conditions of this agreement and the accompanying WL10 Flexplace Policy:

Associate Signature Date

**LEADER:** By signing this statement, the leader agrees to work with the associate to implement a Flexplace schedule as described in the Flexplace policy and this agreement.

Leader Signature Date