

NMT Agreement for Flexible Work, Hybrid, or Remote Work

The form constitutes an agreement on the terms and conditions of flexible or remote work away from NMT sites. This agreement specifies the conditions applicable to an arrangement for performing work based on OP-02- Policy on University Flexible Work.

This agreement is at the discretion of the supervisor and department chair/director and is subject to ongoing review. This agreement is subject to modification or termination at any time based on employee performance or NMT business needs.

Employee Information

Name: (Last, First): _____ Title: _____

Department: _____ Supervisor Name: _____

Job Status: _____ Agreement Type: _____ Hybrid _____ Fully Remote

Alternative Work Location Information

Alternative Work Location Street Address _____

City: _____ State: _____ Zip Code: _____

Distance from NMT campus: _____ miles _____ commute time

Start Date (Required): _____ End Date (Required): _____

Review Period (Require): _____

Days and hours when working off-site

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Work Plan

The following work plan outlines the agreed upon standards for work at the alternate site.

Work Schedule

I agree to maintain regularly scheduled and approved work hours and to be fully accessible during those hours. I understand that schedule changes may be made at the discretion of my supervisor.

I agree to obtain prior approval from my supervisor before working overtime (non-exempt employees only).

I agree to accurately report work hours and strictly adhere to required rest and meal breaks in full compliance with policies and federal and state guidelines (non-exempt employees only).

I understand that I may be required to work hours at the NMT worksite or revise the work schedule, for business reasons or continuity at the discretion of my supervisor.

I hereby affirm by my signature that I have read OP-02-Policy on University Flexible Work and understand and agree to all the provisions herein.

Employee Signature (required)

Date: _____

Supervisor (Required)

Date: _____

Vice President/Director (Cognizant Head)
(Required for working (3) days per week remotely)

Date: _____

President
(Required for working four (4) or more days per week remotely)

Date: _____

Copy to be retained by: HR, Employee, and Supervisor