

**Alternative Work Agreement**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ICC ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

 \_ Telecommuting \_ Flex Time \_\_ Alternate Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agreement End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

|  |
| --- |
|  **Alternate Work Schedule (Hours)** |
|  | **On-Site** | **Off-Site** | **Hours** |
|  | Start Time | End Time | Start Time | End Time | **Worked** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
|  |  |  | **Total Hours Scheduled** |  |

**Conditions**:

* This agreement may be severed at any time by the college or upon request of the employee.
* The employee will indemnify and hold the college and the State harmless from any and all claims, demands,

 judgments, liabilities, losses, damages, or expenses resulting or arising from injury or property damage to third

 persons at employee maintained home-based work locations.

* The employee will indemnify and hold the college and the State harmless from any and all claims, demands,

judgments, liabilities, losses, damages, or expenses resulting or arising from any injury or damage to any person, corporation or other entity caused directly or indirectly by the employee’s willful, malicious, or criminal acts or

omissions or for acts or omissions done for personal gain.

* Employee agrees to maintain frequent communication with supervisors, colleagues and others via: (list home office number/cell phone number, etc.)

Comments:

This document establishes an alternate work arrangement per the stipulations of ICC Policy XXXXXX, Alternate Work Arrangements. By signing below, the employee agrees to abide by all stipulations stated therein.

Employee Printed Name Employee Signature Date

Supervisor Approval Division VP Approval Human Resources Approval Date