



UNIVERSITY OF CALIFORNIA, SANTA BARBARA FLEX SCHEDULE GUIDELINES

The University of California, Santa Barbara, has implemented the University Flex Schedule program to promote better work/life balance for its employees, to benefit the Santa Barbara community through less traffic congestion and air pollution, and to realize University cost savings. By signing the Flex Schedule Agreement Form, the employee certifies that he/she has reviewed, understands and agrees to abide by the provisions of UCSB's Flex Schedule Guidelines as well as the Employee Flex Schedule Agreement Form.

Employment Status

The employee will comply with all University rules, policies, practices, and instructions including University Electronic Communication Policy (ECP) guidelines that would apply if the employee were working at University facilities. Failure to comply may result in the termination of the employee's participation in the flex schedule program. Work products developed or produced by the employee while working a flex schedule are the property of UCSB.

Work hours, benefits, compensation, and leave scheduling while on a flex schedule continue to be governed by applicable UCSB policies and/or collective bargaining agreements. Requests to work overtime or use leave time must be approved, in writing, in advance by the employee's supervisor/manager. The employee's continued participation is contingent upon acceptable performance standards.

This program is voluntary. It may be initiated upon formal written request by the employee and must be approved by the employee's supervisor/manager. Participation in a flex schedule program may be terminated at any time upon the request of the supervisor/manager, upon the request of the employee and agreement of the supervisor/manager, or with a two week notice if that is acceptable to the supervisor/manager.

Renewal of the Agreement

If the employee wishes to renew this agreement, he/she will formally request renewal in writing. Renewal of the agreement is subject to review and approval by the employee's supervisor/manager.

PLEASE NOTE: Pages two and three of the Flex Schedule Guidelines need only to be read and agreed upon by employees requesting a telework program, (e.g. working from home or a remote site). Employees seeking non-telework types of flexwork may go to the flex schedule agreement form.

Equipment, Equipment Insurance, Office Supplies

University resources and electronic equipment must be used primarily for University business or the incidental use of University resources and electronic equipment according to ECP guidelines. The employee is responsible for ensuring all items are properly used according to ECP guidelines.

The employee agrees to take reasonable steps to protect any University property from theft, damage, or misuse. This includes maintaining data security and record confidentiality in accordance with Business and Finance Bulletin IS-3. The employee will comply with all copyrights and licensing agreements for all software owned by the University. Depending on the circumstances, the employee may be responsible for any damage of, or loss of, University property based on the discretion of his/her supervisor/manager.

When the employee uses personal equipment, software, data, supplies, and furniture for University business, the employee is responsible for maintenance and repair of these items unless other arrangements have been made in advance and in writing with the supervisor/manager's approval. The University assumes no responsibility for any damage to, depreciation of, or loss of the employee's personal property.

The employee will return university equipment, records, and materials, upon request and/or termination of this agreement. The employee may be responsible for any costs necessary to return, repair, or replace University property.

If the employee is unable to meet work obligations due to equipment issues, the employee agrees to notify his/her supervisor/manager and may be required to travel to the workplace to perform his/her job functions until the issues have been resolved.

The employee agrees to report to his/her supervisor/manager instances of loss or damage to University property, or known unauthorized access at the earliest reasonable opportunity.

Telework Site Safety and Ergonomics

The employee agrees to maintain a safe and ergonomically correct workstation. The employee may be covered by workers' compensation for job-related injuries that occur in the course and scope of his/her employment while teleworking. The employee is responsible to report work related injuries to his/her supervisor/manager within 24 hours in compliance with University policy.

The employee remains liable for injuries to third parties and/or members of the employee's family on the employee's premises.

Legal and Tax Implications

The employee is responsible for tax and legal consequences, if any, of this arrangement.

Data Security

If the employee uses a computer workstation owned by the employee or the University, he/she agrees to take reasonable steps to comply with Business and Finance Bulletin IS-3, including:

- Keeping security configurations up to date to protect that workstation from intrusions.
- Ensuring that University data residing on the workstation is safe from inappropriate access.
- Ensuring communication between the workstation and University is appropriately secure. The employee should consult with his/her local workstation support staff.

The use of a university computer at home or the use of a personally owned computer while conducting university business is governed by the University of California Electronic Communications Policy <<http://www.ucop.edu/ucophome/policies/ec/>>, UCSB Electronic Communications Implementing Guidelines <http://www.policy.ucsb.edu/vcas/isc/InterimECImpGuide5612.pdf>>, Business and Finance Bulletin IS-3, Electronic Information Security and Implementing Guidelines <<http://www.ucop.edu/ucophome/policies/bfb/is3.pdf>>

Computing Environment

The employee agrees to follow guidance from their departmental computing support staff with regard to the appropriate computer hardware, workstation remote access security, anti-virus and firewall security, system updates and having the appropriate software.

EMPLOYEE FLEX SCHEDULE AGREEMENT FORM

EMPLOYEE NAME (Last, First, M.I.)	FLEX SCHEDULE START DATE ____/____/____	FLEX SCHEDULE END DATE ____/____/____ or <input type="checkbox"/> Indefinite
DEPARTMENT/DIVISION/EMPLOYEE ID NUMBER		POSITION/TITLE
TYPE OF FLEX SCHEDULE: Compressed Workweek Flexible Hours Telework Alternative Arrangement (Please Describe)	SCHEDULE <input checked="" type="checkbox"/> 4/10 <input checked="" type="checkbox"/> 9/80 <input type="checkbox"/> Other Non-Work Day: M T W Th F Start-time _____ Finish-time _____ Flex-Day(s): M T W Th F Telework Day(s): M T W Th F _____ _____	
FLEX SCHEDULE SITE:	Address: _____ City: _____ State: ____ Zip: _____	
DEPARTMENT DATABASE, SYSTEM AND E-MAIL ACCESS:	<input type="checkbox"/> E-mail Access <input type="checkbox"/> Virtual Private Network, (VPN) <input type="checkbox"/> Database Access <input type="checkbox"/> Other: _____	
<u>PLEASE NOTE:</u> The following fields are only required for <u>telework</u> programs		
METHODS FOR EVALUATING PERFORMANCE:	_____ _____ _____ _____	
DUTIES & ASSIGNMENTS TO BE PERFORMED AT ALTERNATE WORK SITE:	_____ _____ _____	
METHODS OF COMMUNICATION, TELEWORK MEETINGS: When on a flex schedule, the employee can be reached through these methods	Phone: _____ <i>Is this a cell phone?</i> ____ Yes ____ No E-mail address: _____ Pager: _____	
Is a weekly meeting required for participation? ____ Yes ____ No	Day: _____ Time: _____ am/pm With: _____	

EQUIPMENT & SUPPLIES: <i>(Please note who will supply and list the specific types)</i>	Type	Supplied by Department	Supplied by Employee	Not Needed
	Computer	_____	_____	_____
	Specify Laptop or Desktop	_____	_____	_____
	Software	_____	_____	_____
	<i>List Software:</i>	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
	Printer	_____	_____	_____
	Modem	_____	_____	_____
	DSL/Cable/Other	_____	_____	_____
	Additional Phone Line	_____	_____	_____
	Desk	_____	_____	_____
	Lockable Filing Cabinet	_____	_____	_____
	Other Office Equipment	_____	_____	_____
	<i>List Office Equipment:</i>	_____	_____	_____
		_____	_____	_____
	Cell Phone	_____	_____	_____
	Voice Mail	_____	_____	_____
	Printing Supplies	_____	_____	_____
	Other Office Supplies	_____	_____	_____
	<i>List Office Supplies:</i>	_____	_____	_____
		_____	_____	_____
TECHNICAL SUPPORT:	<p>Who is responsible for setting up the employee's technology and systems?</p> <p>Circle one: Department Employee</p> <p>Describe Process: _____</p> <p>_____</p> <p>_____</p> <p>Who is responsible for supporting the employee's computer?</p> <p>Circle one: Department Employee</p> <p>Describe Process: _____</p> <p>_____</p> <p>_____</p>			

Flex Schedule Signature Page

The employee requesting a flex schedule program of any type must sign and obtain the required signatures of his/her supervisor/manager and his/her department head/designee.

I hereby affirm my signature that I have read this Flex Schedule Agreement, and understand and agree to all of its provisions.

_____	_____
Employee	Date
_____	_____
Supervisor/Manager	Date
_____	_____
Department Head/Designee	Date