

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, either part-time, or entirely at an alternate work location, on a regular basis.

This agreement is at the discretion of the supervisor and department chair/director and is subject to ongoing review. Deans or Division Vice Presidents may communicate standards for equitable implementation across departments to maintain business continuity. This agreement is subject to modification or termination at any time based on employee performance or NMT business needs. Effort should be made to provide a two-weeks' notice by either party.

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Employee Information

Name: (Last, First): \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Status: \_\_\_\_\_ Agreement Type: \_\_\_\_\_ Hybrid \_\_\_\_\_ Remote

Alternative Work Location Information

Alternative Work Location Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Distance from NMT campus: \_\_\_\_\_ miles \_\_\_\_\_ commute

Start Date: \_\_\_\_\_ End Date: (if a

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Days and hours when working off -site (if hybrid or remote only)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Work Plan and/or Flexible Work Schedule

The following work plan outlines the agreed upon standards for work at the alternate site, the communication requirements, office coverage, electronic meeting protocols, how assignments will be received and returned, phone coverage, and reporting to the supervisor.





Other

I understand that I am responsible for all tax and/or insurance consequences, if any, of this arrangement and for conformance to any and all laws and regulations, local, state and federal. I recognize that I am obligated to consult my own legal tax professional should I need to.

I hereby affirm by my signature that I have read this Agreement for Flexible, Hybrid or Remote Work and I understand and agree to all the provisions herein.

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Employee Signature	Print Name	Title	Date
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Supervisor Signature	Print Name	Title	Date
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Vice President/Direct or Signature	Print Name	Title	Date
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