



Flexible Work Arrangement (FWA) Agreement Form

At City of Torrance, the concept of Flexible Work Arrangement (FWA) provides opportunities for employees and Departments to agree upon a flexible arrangement to work remotely up to 2 days per week basis if their job duties do not require onsite presence; and/or to work alternate schedules if operationally feasible.

The following forms of FWA are available:

Hybrid Telework Schedule: Work remotely up to two (2) days per week.

Flexible Work Schedule: Gives an employee the option in choosing his or her work hours or the option to change work schedules from one week to another depending on the employees' needs.

This FWA must be completed for any employee working: 1.) remotely on a "hybrid" basis, with some days worked remotely and some days worked onsite; and/or 2.) an alternate work schedule. On an occasional basis, employees may be required to make temporary adjustments to their Hybrid Telework Schedule and/or Flexible Work Schedule for operational reasons. This agreement is subject to ongoing review and may be amended or terminated by the Department Head or designee at any time with at least seven (7) calendar days' advanced notice. All obligations, responsibilities, and terms and conditions of employment with the City remain unchanged, except those obligations and responsibilities specifically addressed in this Agreement.

INSTRUCTIONS: Complete the Employee Information section, and the Hybrid Telework Schedule and/or Flexible Work Schedule as applicable.

EMPLOYEE INFORMATION							
Employee Name:	ID #:			Department /Division: HR			
Job Title:				Manager / Supervisor Name: Hedieh Khajavi			
Current Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt			
HYBRID TELEWORK SCHEDULE							
Indicate the days on which the employee will work remotely (up to two (2) days per week).							
Week 1:	Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Week 2:	Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
FLEXIBLE WORK SCHEDULE							
<p>The Flexible Work Schedule provides an employee the option in choosing their particular work hours or the option to change work schedules from one week to another depending on the employees' needs. Full-time and part-time employees may work flexible schedules, subject to Department Head's approval, operational needs, and the employee's job functions. If the employee will work a Flexible Work Schedule, please complete the rows for both Weeks 1 and 2.</p> <p>Example 1: An employee must pick up their child from daycare on the way home from work. As a result, the employee needs to leave work earlier than 5:30 pm each day in order to avoid paying late pick-up penalties from the daycare. The supervisor allows an adjustment in the employee's work schedule, 7:00 am - 5:00 pm, to</p>							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 Schedule:							
Lunch Period:							
Week 2 Schedule:							
Lunch Period:							

ADDITIONAL COMMENTS REGARDING FLEXWORK ARRANGEMENT

AGREEMENT DATES AND TERMS

FWA Effective Date: _____

FWA End Date: **06/30/2023** (Date may be modified or terminated by the Department Head or Designee at any time with at least 7 calendar days advance notice. In case of emergency, employees while teleworking, can be expected to be in the office within 2 hours of their supervisor's request.

FWA End Date: _____

FWA Authorization:

- I understand that the Department Head has the authority to establish, approve, or deny FWA requests for individual positions, and that decisions regarding the appropriateness of a FWA are made on a case-by-case basis based on the Department's operational and business needs.
- I understand that on an occasional basis, I may be required to modify my Hybrid Telework Schedule and/or Flexible Work Schedule to meet the operational needs of my department.
- I understand that this agreement is subject to ongoing review and may be modified or terminated by the Department Head or designee at any time with at least seven (7) calendar days advance notice. (The Department may determine a shorter notice period in an urgent or emergency situation, such as an unforeseen staffing shortage or a situation requiring onsite coverage.)

Work Schedule and Availability:

- I agree to remain accessible during my scheduled work hours. Should I need to modify my work schedule on an occasional basis, I will obtain approval from my manager/supervisor in advance. In case of emergency, employee while teleworking, can be expected to be in the office within 2 hours of their supervisor's request.
- I agree to transfer my work phone to my personal phone includes cell phone to be accessible during my schedule work hours.

Work Location Safety:

- I agree to maintain a safe, secure, and ergonomic work environment, and report work-related injuries to my manager/supervisor at the earliest reasonable opportunity.
- Employee shall hold harmless and indemnify the City against any and all third-party liability, claims, losses, damages, or expenses, arising from flex work arrangement.

Equipment / Information Security:

- I understand that the City will provide laptops only if available.
- I understand that unless otherwise arranged, I am responsible for providing space, telephone, networking and/or Internet capabilities with appropriate speed at my remote location and will not be reimbursed by the City for these or any other related expenses.
- City will not troubleshoot hardware issues of personal equipment such as at home routers, wifi, or other devices.
- I agree to not download City data on a flash drive to use my personal computer for telework.

- I agree to protect City-owned equipment, records, and materials from unauthorized or accidental access, use, modification, destruction, or disclosure. The precautions described in this agreement apply regardless of the storage media on which information is maintained, the locations where the information is stored, the systems used to process the information, or the process by which the information is stored.
- I agree to report to my manager/supervisor any incidents of loss, damage, or unauthorized access at the earliest reasonable opportunity.
- I understand that all equipment, records, and materials provided by the City shall remain the property of the City.
- I agree to return City-owned equipment, records, and materials within seven (7) days upon written notice of separation from the City. Within seven (7) days of written notice, I must return City-owned equipment for inspection, repair, replacement, or repossession.

Other:

- I understand and agree that my personal vehicle will not be used for City business unless this is specifically authorized in advance by my manager/supervisor. If approval is received, pursuant to City Policy, I agree to maintain throughout the term of this Agreement, and at my own cost and expense, a policy of auto liability insurance.
- I understand that I am responsible for the tax consequences, if any, of this FWA, and for conformance to any local zoning regulations.
- I understand that FWA is not an employee right.
- I understand that FWA may not be used as a substitute for dependent care.
- I read, understand, and will adhere to the FWA Policy.

APPROVALS

Employee Name

Signature

Date

Manager / Supervisor Name

Signature

Date

Department Head (or Designee)
Name

Signature

Date

Cc: Human Resources Division