

FLEXIBLE WORK ARRANGEMENTS AGREEMENT FORM

Use this form to outline any proposed flexible work arrangements between the University and an employee where both parties agree to alter the work arrangements on a conditional basis, subject to operational requirements, and the principles and provisions outlined in the Flexible Work Arrangements Policy. Accommodations and accessibility are outside of the scope of this policy. For assistance with accommodations or accessibility requirements, please contact your human resources consultant.

This is a:

New FWA Agreement

Existing FWA Agreement

| | |
|-----------------|--------------|
| Employee Name: | Employee ID: |
| Position Title: | Unit: |
| Manager Name: | |

I am choosing to opt out of all flexible work options.

SECTION A

Select the type of flexible work arrangement that this agreement covers (select all that may apply).

| Flexible time options | Description |
|--|--|
| <input type="checkbox"/> FT1 – Compressed work week <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Tri-weekly <input type="checkbox"/> Every four weeks | <p>The employee's regular workday is increased to allow for time off on a regularly scheduled basis.</p> <p>*must complete Appendix A.</p> |
| <input type="checkbox"/> FT2 – Variable hours | <p>An employee works a regular workday, but their start and end times are altered.</p> <p>*must complete Appendix B.</p> |
| <input type="checkbox"/> FT3 – Job sharing | <p>Two employees split a full-time job, each with responsibility for the success of the total job.</p> |
| <input type="checkbox"/> FT4 – Reduced work week | <p>An employee works fewer hours than the traditional regular workday or regular worked time.</p> |

| Flexible location options | Description |
|--|--|
| <input type="checkbox"/> FL1 – Blended work | <p>The employee typically works on campus at least 60 per cent their regular worked time and works from an approved off-campus workspace for the balance of their hours.</p> <p>*must complete Appendix B.</p> |
| <input type="checkbox"/> FL2 – Fully remote work | <p>The employee works at an approved off-campus workspace for 95-100% of their regular worked time.</p> <p>This arrangement is granted only under extraordinary circumstances by the relevant VP or President.</p> <p>*must complete Appendix B.</p> |

SECTION B

By checking the boxes below, you acknowledge that you have read and fully understood all the terms and conditions outlined in this agreement, including all training, assessments, policies and procedures.

Acknowledgements (to be completed after completing the Flexible Work Arrangements training course on Moodle):

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have reviewed and understand the Flexible Work Arrangements training course . |
| <input type="checkbox"/> | I have completed and understand all of the Flexible work arrangements acknowledgments . |
| <input type="checkbox"/> | I have completed the Hybrid Work Safety Assessment (required for any flexible location option). |
| <input type="checkbox"/> | I have reviewed and understand the Flexible Work Arrangements Policy and understand that its terms supersede all other resources on FWA. |
| <input type="checkbox"/> | I understand that if I work off campus more than 40 per cent of my regular worked time I may not have an assigned office space. |
| <input type="checkbox"/> | I understand that my manager or senior leader may require a Flexible Work Discussion Tool and/or Flexible Work Arrangement Self-Assessment be completed in addition to this form to assess the feasibility of the agreement. |
| <input type="checkbox"/> | I understand that the University may terminate any FWA with an appropriate amount of notice. |

SECTION C

All signatures and dates must be present for an agreement to be valid. Please submit completed forms to the Human Resources inbox.

Signatures

| | |
|---|-------|
| Employee signature: | Date: |
| Manager signature: | Date: |
| AVP/Dean/director/vice-provost signature: | Date: |
| VP/President signature (fully remote only): | Date: |
| Union signature (if applicable): | Date: |
| FWAA review date*: | |

* A new Flexible work arrangement should be reviewed after the first six months, and annually each subsequent year.

SECTION D

For internal Human Resources use only.

Hybrid/remote safety assessment complete

Moodle acknowledgments complete

Agreement added to Avanti

Appendix A

Averaging Agreement

Between:

Employee name

(the “Employee”)

And:

Royal Roads University

(the “Employer”)

The Employer and Employee agree to enter into the following averaging agreement under Section 37 of the B.C. Employment Standards Act:

1. This Agreement starts on _____ (agreement must start on a Sunday in the future), and is for a period of _____.
2. This Agreement will be repeated _____ and will expire on _____ (one year from start date).
3. The Employee’s regular work schedule under this Agreement will be as follows:

| Week 1 | Start | End | Hrs | Week 2 | Start | End | Hrs |
|----------------------------|-------|-----|-----|----------------------------|-------|-----|-----|
| Sunday | | | | Sunday | | | |
| Monday | | | | Monday | | | |
| Tuesday | | | | Tuesday | | | |
| Wednesday | | | | Wednesday | | | |
| Thursday | | | | Thursday | | | |
| Friday | | | | Friday | | | |
| Saturday | | | | Saturday | | | |
| Total Weekly Hours: | | | | Total Weekly Hours: | | | |
| Week 3 | Start | End | Hrs | Week 4 | Start | End | Hrs |
| Sunday | | | | Sunday | | | |
| Monday | | | | Monday | | | |
| Tuesday | | | | Tuesday | | | |
| Wednesday | | | | Wednesday | | | |
| Thursday | | | | Thursday | | | |
| Friday | | | | Friday | | | |
| Saturday | | | | Saturday | | | |
| Total Weekly Hours: | | | | Total Weekly Hours: | | | |

For a guide on filling out the table above, refer to [Appendix C](#).



Royal Roads
UNIVERSITY

4. Statutory holidays that occur during a period covered by this Agreement will be dealt with in accordance with the Employment Standards Act.

AGREED this ____ day of _____, _____.

Royal Roads University

Employee signature

Appendix B

Schedule and approved off-site location details:

| | Start time | End time | Start time | End time | Total Hours | Work location (address if off campus): |
|------------------|-------------------|-----------------|-------------------|-----------------|--------------------|---|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

Additional comments:

Note: All fully remote work agreements must be signed by the relevant Vice-President or President.



Appendix C

Completing the averaging agreement table:

- **Weekly compressed work week:** only fill out “week 1” of the table. The hours should total your **regular worked time** (after any applicable lunch deductions). **Please note that the first flex day occurs AFTER the completion of 4 days on the flex schedule.**
- **Bi-weekly compressed work week:** fill out “week 1” and “week 2” of the table. The hours should total your **regular worked time** (x 2 weeks) (after any applicable lunch deductions), i.e., hours should total 75 hours over two weeks if you regularly work a regular 37.5 hour/week as defined by the University within an employment agreement or collective agreement. **Please note that the first flex day occurs AFTER the completion of 9 days on the flex schedule.**
- **Tri-weekly compressed work week:** fill out “week 1”, “week 2” and “week 3” of the table. The hours should total your **regular worked time** (x 3 weeks) (after any applicable lunch deductions), i.e., hours should total 112.5 hours over three weeks if you regularly work a regular 37.5 hour/week as defined by the University within an employment agreement or collective agreement. **Please note that the first flex day occurs AFTER the completion of 14 days on the flex schedule.**
- **Every four-weeks compressed work week:** fill out all four weeks of the table. The hours should total your **regular worked time** (x 4 weeks) (after any applicable lunch deductions), i.e., hours should total 150 hours over four weeks if you regularly work a regular 37.5 hour/week as defined by the University within an employment agreement or collective agreement. **Please note that the first flex day occurs AFTER the completion of 19 days on the flex schedule.**

Use the table below to determine the total hours worked per day/week:

| Minutes | Decimal Conversion | Minutes | Decimal Conversion | Minutes | Decimal Conversion | Minutes | Decimal Conversion |
|---------|--------------------|---------|--------------------|---------|--------------------|---------|--------------------|
| 1 | 0.02 | 16 | 0.27 | 31 | 0.52 | 46 | 0.77 |
| 2 | 0.03 | 17 | 0.28 | 32 | 0.53 | 47 | 0.78 |
| 3 | 0.05 | 18 | 0.3 | 33 | 0.55 | 48 | 0.8 |
| 4 | 0.07 | 19 | 0.32 | 34 | 0.57 | 49 | 0.82 |
| 5 | 0.08 | 20 | 0.33 | 35 | 0.58 | 50 | 0.83 |
| 6 | 0.1 | 21 | 0.35 | 36 | 0.6 | 51 | 0.85 |
| 7 | 0.12 | 22 | 0.37 | 37 | 0.62 | 52 | 0.87 |
| 8 | 0.13 | 23 | 0.38 | 38 | 0.63 | 53 | 0.88 |
| 9 | 0.15 | 24 | 0.4 | 39 | 0.65 | 54 | 0.9 |
| 10 | 0.17 | 25 | 0.42 | 40 | 0.67 | 55 | 0.92 |
| 11 | 0.18 | 26 | 0.43 | 41 | 0.68 | 56 | 0.93 |
| 12 | 0.2 | 27 | 0.45 | 42 | 0.7 | 57 | 0.95 |
| 13 | 0.22 | 28 | 0.47 | 43 | 0.72 | 58 | 0.97 |
| 14 | 0.23 | 29 | 0.48 | 44 | 0.73 | 59 | 0.98 |
| 15 | 0.25 | 30 | 0.5 | 45 | 0.75 | 60 | 1 |