



Acknowledgment of Flexible Employment

I understand that _____ has authorized my flexible employment arrangement as follows, subject to the terms and conditions below:

Check one:

Flex-time

Compressed workweek

Job share

Part-time schedule

Telecommuting

Complete details below:

Days: _____

Hours: _____ to _____

I understand that this flexible arrangement may be modified or discontinued by the Company at any time at its sole discretion. If the flexible arrangement is discontinued, I may have the opportunity to continue my employment in a more traditional manner with fixed hours on site, etc. Alternatively, I may be considered for other positions for which I am qualified that offer flexible work conditions if they are available.

I also understand that business needs may require me to be in the office on particular days or during particular hours when I would normally be off site. In such circumstances, I understand that I will be required to adjust my hours or schedule to accommodate the Company business needs.

I further understand that I am subject to the terms and conditions of employment, including workplace policies, set forth in the Company's employee handbook, whether I am working in the office or at home.

In addition, I understand that if I am permitted to work at home on a telecommuting basis, any property the Company provides for my use at home remains the sole property of the Company, may be used only for business purposes, and must be returned to the Company upon request.

Employee's Signature

Date

Manager's Signature

Date