

Alternative Work Arrangement Agreement Form



Costs and Expenses

Employee to Provide:

Dept to Provide:

Additional Conditions (Ex: travel, production reports, etc.)

Benefits

All standard Vanderbilt University employee benefits are provided to this position in accordance with Vanderbilt policies and based on hours worked, accrual earnings, etc.

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Employee Acknowledgement

I have read and understand the Alternative work Arrangement, and agree to abide by the terms listed herein. I also understand that the terms and conditions of employment that apply at Vanderbilt University also apply in this arrangement. Thus, I agree that, among other things, I am responsible for establishing specific work hours, having a designated work area, using appropriate safety and security measure and protecting Vanderbilt's assets, information and systems. This work arrangement is also subject to the terms of Vanderbilt University's Conflict of Interest Agreement and Confidentiality Agreement.

I also understand that Vanderbilt has the right and may, at any time, change any or all of the conditions of this arrangement.

Employee Signature

Date

Employer Acknowledgement

I, the current (or prospective) supervisor of the individual who is the subject of this request, hereby certify the following:

- The department and employee will comply with all relevant policies such as safety and data protection.
- The employee and department understands this arrangement may be terminated or modified as business needs dictate.
- For an out of state arrangement, I certify:
 - o The employee's job duties do not require a regular in-person/on-campus presence and the duties of this position can be performed effectively outside of Tennessee.
 - o Employing this individual outside the state of Tennessee satisfies an institutional business need.
 - o I understand employing someone in a state other than Tennessee increases risk to the institution and can result increased vulnerabilities related to claims, charges or litigation. I also understand my department will be responsible for all costs (i.e., additional benefits, wages, tax penalties, legal expenses, etc.) required to comply with employment laws in the state in which the employee will reside. I understand the University may not be aware of all such costs at this time.

Supervisor's Signature, Date

Administrative Officer, Date

Chief Business Officer, Date