

SECTION 1: PERSONAL INFORMATION

The Flexible Work Arrangement Proposal Form should be used as a tool for thinking through and documenting the details of a proposed new flex work arrangement. It includes specifics about how, where and when you will perform your work, the length of the proposed agreement, and how the flexible work arrangement, if approved, will ensure that you continue to meet the unit's business needs. The manager has discretion to approve or deny a request for a flex work arrangement, and the decision will be based on the unit's operational needs. If the request involves a health or medical issue or a disability accommodation, then you should contact your HR Business Partner or Integrated Absence Management and Vocational Services.

Complete this form and share with your manager. Before doing so, check with your manager to learn whether they would prefer to discuss this with you prior to your submission of a written proposal. Your manager can also let you know whether your unit evaluates flex work arrangements based on the type of job performed and/or the specific team on which you may work.

Name _____ Date submitted _____

Email _____ Phone _____

Title _____ Employee ID _____

Full or part-time: Full-time Part-time **Pay frequency:** Monthly Biweekly

Department _____

Supervisor/Manager Name _____

Requested Start Date _____

SECTION 2: ARRANGEMENT TYPE**Type of Flexible Work Arrangement Being Proposed:**

- Flexible Schedule
- Telework*
- Compressed Work Week
- Job Sharing**

*** Please note remote work is not to be regarded as a substitute for ongoing family care.**

**** If you are proposing a job-sharing arrangement, indicate the name of your job share partner and submit your proposals together. Job share partner name:**

SECTION 3: CURRENT AND PROPOSED WORK SCHEDULE

Please indicate location if it is not on either Ohio State campus, e.g., home on Thursdays.

	Current Schedule			Proposed Schedule		
	Start-End	Total Hours	Location	Start-End	Total Hours	Location
Sample Day	8 a.m. - 5 p.m.	8 work hrs	Mount Hall	8 a.m. - 5 p.m.	8 work hrs	Home
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

If you are an overtime-eligible employee, do you understand that all hours worked must be reported and that overtime requires supervisor pre-approval even when a flex work arrangement exists?

Yes See Policy 6.10 **Scheduling Work and Overtime Compensation**

Work Responsibility Details

Below or on a separate piece of paper, please answer the following questions. Please be as specific as possible.

1. Describe the rationale associated with your proposed flexible work arrangement.

2. Describe how you will accomplish your job under the proposed arrangement. Be specific.

3. Describe the impact your proposed flexible work arrangement will have on the following groups: clients/customers (external and internal), co-workers, supervisors/managers, supervisees, the university, and your department, office or College. (e.g., space, cost, retention, savings, morale).

4. Describe any challenges that this arrangement might present, and how you propose to overcome them.

5. For flexible schedules (e.g. four 10-hour days, schedule outside of core business hours) only, explain how client/customer needs will be handled in your absence if applicable (e.g., backup, voicemail).

6. For telework, describe how you will conduct regular communication with your supervisors, colleagues, clients and others.

7. How will you ensure you are meeting your performance objectives?

8. If proposing telework, please confirm that you have access to the required equipment and internet and VPN access. If you do not, indicate what you do not have access to.

SECTION 4: SIGNATURE

I understand that the university is not obligated to approve a proposal for a flexible work arrangement for any employee. Additionally, I understand that with a telework agreement, I may still be required to come to the worksite for meetings, trainings, etc. The decision is at the discretion of my supervisor/manager. Flexible work schedules are subject to ongoing review and may be terminated at any time by the supervisor or by the employee with the agreement of the supervisor, as outlined in the policy.

Employee Name (signed)

Date

Supervisor Name (signed)

Date

Determination: Request approved Request denied*

Note: Change of status may be necessary

*If request is not approved or the agreement as written is modified supervisor/manager should have a meeting with the employee to discuss the rationale for the denial and/or modification and to explore what other flexible work options may be available.

Following completion of the process, copies of this form and any attachments should be added to the personnel file and provided to the employee.