

# Flexible Work Arrangement Proposal

(to be submitted by the staff member)

**SECTION 1**

Employee's Full Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

College/VP Unit Manager/Director \_\_\_\_\_

The *Flexible Work Arrangement Proposal Form* is used when staff request a change to their regularly scheduled work hours and/or setting, per the guidelines in Policy 6.12 Flexible Work This form should reflect the agreed upon flexible work arrangement between the employee and supervisor.

<b>1</b>	Clearly define the flexible work arrangement.
<b>2</b>	How long is the flexible work arrangement expected to last? (Be as specific and accurate as possible) If duration unknown, temporary arrangements in 3 month increments are acceptable.
<b>3</b>	Describe the proposed work schedule: days, hours, on-site and offsite availability.
<b>4</b>	If the request involves work at an off-site location (telecommuting), answer the following: A: Which elements of the job can be performed off-site? Which cannot? B: What tools, equipment and technology will be needed for work to be completed? C: How will the computer, software, databases and other technology used for work be secured and protected from use by others?

**SECTION 2**

I understand that this request will be considered and approved at the discretion of management, and that any Flexible Work Agreement, proposed or approved, does not change my basic employment status with the organization.

Staff Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved**     **Not Approved**

**Comments:**