

Flexible Work Arrangement Request/Decision Form

A copy of this form should be placed in the employees departmental personnel file.
In addition, forward the form to Human Resources, Campus Zip 4332

Part 1—To be completed by employee

This form has been developed to make the process of preparing and presenting a request for a flexible work arrangement more efficient. Complete this form and submit it to your supervisor. Employees may submit brief supplemental written proposals as well, but this is not necessary.

Date Submitted _____ Vandal Number _____

Name _____ Title _____
(please print)

Department _____

Supervisor _____

Dean/Director _____

- Exempt**
- Classified**
- Administrative**
- Faculty**

Type of Flexible Work Arrangement Requested

- Flexible Work Schedule (Flex Time)**
- Compressed Work Schedule**
- Other**

Describe the schedule/hours you propose to work

Day	Hours	On Site (x)	Off Site (x)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total Weekly Hours _____

In addition to thoroughly reviewing the considerations listed in the section on your chosen option, be sure to consider the following:

- Impact on peers and your relationships with them
- Impact on your paid off (vacation, holidays, sick pay)
- Communication with your supervisor and team

Describe how your request for a flexible work arrangement will sustain or enhance your ability to meet service standards:

Describe the anticipated benefits to the department that might result from this flexible work arrangement:

(If applicable) Describe any additional equipment/expense that your flexible work arrangement might require:

What review process with your supervisor do you propose for constructive monitoring and improvement of your flexible work schedule?

What potential gaps could your flexible schedule raise with External customers, internal customers, coworkers, your manager and others? How will they be handled?

Part II—To be completed by Dean/Director/Department Head

- Flexible work arrangement approved.
- Flexible work arrangement approved with modifications
- Flexible work arrangement denied/terminated

If you modified/declined this request, please describe why:

This agreement is subject to reevaluation should either party request a review.

Beginning Date: _____ **Ending Date:** _____

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Dean/Director: _____ **Date:** _____