

FLEXIBLE WORK ARRANGEMENT REQUEST FORM

The purpose of this form is to request and document a Flexible Work Arrangement (FWA). It includes the type of FWA(s) and a variety of considerations that need to be accounted for.

Name:	EID:
Job Title:	Department:
<input type="radio"/> Exempt <input type="radio"/> Non-Exempt	Effective date(s) of arrangement:
This is a request for an ADA accommodation* <input type="radio"/> Yes <input type="radio"/> No	

*Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the University ADA Coordinators. Their office can be reached at 512-471-1849 or ada@austin.utexas.edu.

What **type of worker** are you?

- On-Campus
- Hybrid
- Remote
- Flexible Schedule
- Out-of-State*
- International*

What **type of FWA** are you requesting?

- Hybrid
- Remote
- Flexible Schedule
- Job Sharing
- Out-of-State*
- International*

*Requires additional approval from central offices. Please work with your departmental HR representative to facilitate approval.

Requested Schedule:

	CURRENT WORK HOURS	PROPOSED WORK HOURS	PROPOSED WORK LOCATION
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

If working reduced hours, describe how the business needs will continue to be met.

Describe how communication (i.e., meetings, email, answering phone calls, voicemail, long distance business telephone calls, etc.) will be coordinated with coworkers, supervisor, colleagues, customers, etc. See [Creating an FWA Communication Plan](#) and [Remote Working Resources](#) for guidance.

Describe how and when this arrangement will be evaluated.

For teleworking requests, please complete the items below. (Not required for proposals not including telework.)

List remote workplace location(s) (street address, city, state, and zip code).

Indicate specific and/or various types of assignments to be performed by employee at the remote work location. Attach or include a job description.

List university equipment and software that will be used by the employee in the remote workplace location and will be returned to the university when this flexible work arrangement ends.

Describe how additional needs for equipment and supplies will be handled.

Describe elements of the job that cannot be completed off-site and how they will be handled.

Describe how information security and privacy requirements will be met.

Describe how university equipment will be maintained.

The Employee is prohibited from doing the following tasks while teleworking (e.g., printing and storing [Category 1 data](#) at home, saving confidential information on a personal computing device, etc.).

I have read and understand the above arrangement and certify that I have read and agree to the UT Expectations for Flexible Work Arrangement document. I understand that my failure to adhere to the expectations may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of this flexible work arrangement.

Employee Signature

Date

- This proposal is approved
- This proposal is denied at this time

Manager Signature

Date

CSUs may have additional required approvals. Please consult with your departmental HR representative.

Optional Signature

Date
