## FLEXIBLE WORK ARRANGEMENT FORM



The purpose of this form is to 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:
Exempt Non-Exempt	Effective date(s) of arrangement:
This is a request for an ADA accommodation*  Yes  No	

## What type of worker are you?

On-Campus

Hybrid Worker

Local Telework

Remote Campus Work

Texas Telework

Remote Telework\*

International Telework\*

International Work\*

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

Flextime (hours flexed on a regular basis)

Occasional Flextime

Reduced Hours/Part Time

Compressed Work Week

Telework

Job sharing

<sup>\*</sup>Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the Office of Inclusion and Equity. Their office can be reached at 512-471-1849 or equity@utexas.edu.

<sup>\*</sup>Requires additional approval from central offices. Please work with your HR person to facilitate approval.

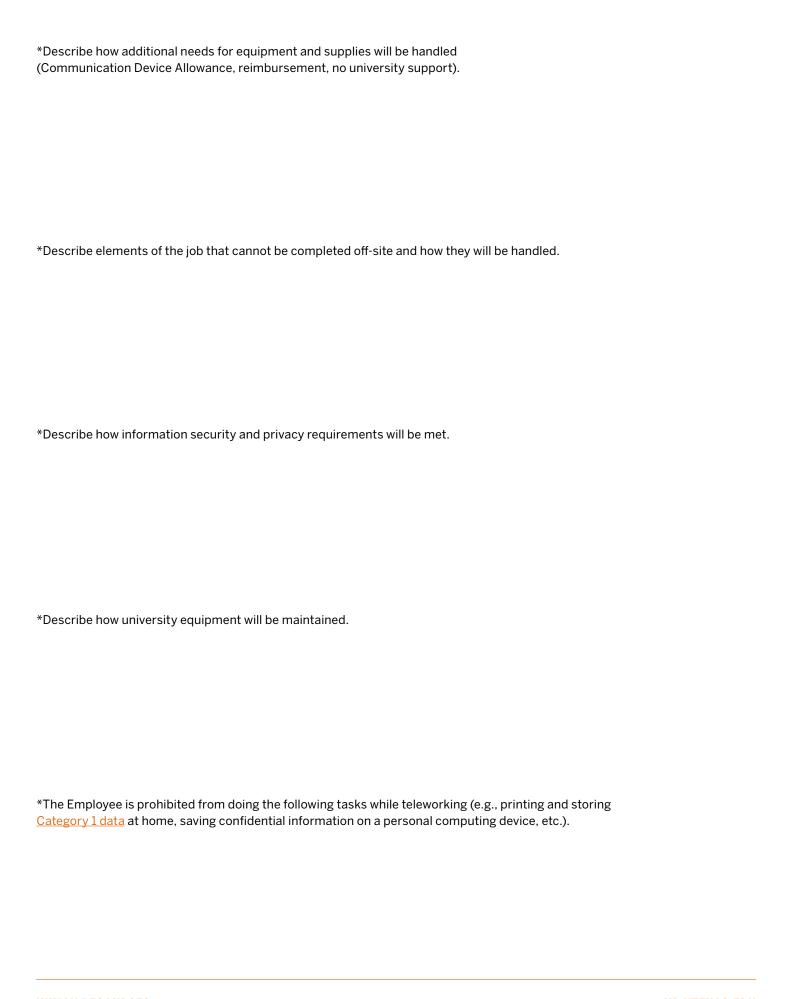
## **Requested Schedule:**

	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 <u>Creating an FWA Communication Plan</u> and <u>Tools and Resources for Teleworking</u> for more information.





I have read and understand the above arrangement and certify that I have read and agreed 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 person.		
Ontional Signature	Date	
Optional Signature	Date	