

FLEXIBLE WORK ARRANGEMENT REQUEST FORM

Please complete each section with information related to your request for a Flexible Work Arrangement (FWA). If this is a request for a workplace accommodation under the Americans with Disabilities Act and/or the Pregnant Workers Fairness Act, it should be reviewed by [Institutional Accessibility and Accommodation](#). Their office can be reached via email at ada@austin.utexas.edu.

Employee Information

Name:	EID:
Job Title:	Department:
<input type="radio"/> Exempt <input type="radio"/> Non-Exempt	Requested FWA Start Date*:

*All approved FWAs are reviewed annually or according to business needs. Approved arrangements must be renewed.

What type of FWA are you requesting?

- Hybrid
- Remote
- Flexible Schedule
- Out-of-State/Non-Local**
- International**

Proposed Work Schedule & Location

	CURRENT WORK HOURS	PROPOSED WORK HOURS	PROPOSED LOCATION
Monday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote
Tuesday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote
Wednesday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote
Thursday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote
Friday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote
Saturday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote
Sunday			<input type="checkbox"/> On Site <input type="checkbox"/> Remote

If your remote days will vary, describe the arrangement (i.e., “3+ days on-site with 1-2 days at a remote location, to be approved by manager on a weekly basis”).

For Remote/Hybrid FWA requests, list remote workplace location(s) (street address, city, state, and zip code).

**Out-of-state and international work locations require approval from central offices. Please work with your HR leader to facilitate the review process.

Describe how the business, collaboration, and communication needs of your department or unit will continue to be met under the FWA. Include any elements of the position that cannot be completed remotely and how they will be handled.

If the FWA is approved, I agree to the following:

- Maintain and safeguard University equipment
- Meet expectations for information security

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 _____
Name

**** For FWA approver use only. ****

This proposal is approved

This proposal is denied at this time

Manager Signature _____ Date _____
Name

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

Optional Signature _____ Date _____
Name

EXPECTATIONS FOR FLEXIBLE WORK ARRANGEMENT

TELEWORK/NON TELEWORK

The conditions to participate in an Flexible Work Arrangement (FWA) include, but are not limited to, those stated below. The FWA Authority, or other designated leader, may require additional conditions as they relate to the expectations of the position, the person requesting the FWA, or the place where work is to be performed. All FWAs are reviewed annually or according to business needs. Approved arrangements must be renewed. FWAs are not considered permanent and may end at any time for any reason, including performance concerns, organizational needs, or team structural changes.

LOCATION. FWAs authorizing an employee to work from a location outside of Texas, even for a short period of time, are disfavored and require extended review. FWAs authorizing an employee to work from a location outside of Texas typically occur under extenuating or other business-specific circumstances. If the regularly assigned place of employment is within the United States but outside the state of Texas, remote and hybrid employees may be subject to state and local income tax withholding, which will be applied based on the employee's residence location reflected in Workday. Remote and hybrid employees may also be subject to other laws and rules in that state, and benefits may be affected. For example, health benefits may be out of network. Managers who receive a request for an out-of-state FWA should contact Human Resources to ensure that the University complies with appropriate work rules and state laws regarding employment in that state. All employees need to follow the University's policies related to travel, including travel time and travel reimbursement.

WORKSPACE. Employees are responsible for providing space, telephone, and internet capabilities at their remote workplace, and will not be reimbursed by the University for these or related expenses. Employees will transact all University business on the University's network and voicemail systems that belong to, or are approved by, the University. Employees will use a University-owned or -managed computing device if protected UT data is in use and will not store or process confidential University data on a personal device. An employee's remote workspace must be compliant and secure as described in the University's Telecommuting Policy ([HOP 5-2130](#)). If something occurs that causes an employee's remote workplace to become non-compliant or insecure, or that threatens such a result, the employee must notify their manager immediately.

PERFORMANCE. Employee job responsibilities and standards of performance remain the same as when working a traditional schedule in a traditional location, and employees will continue to be evaluated for performance on a regular basis. The quantity, quality, and timeliness of employees' work are expected to be maintained or enhanced by the FWA. Employees who are approved for an FWA are expected to meet the same standards of performance as employees in the same job classifications who do not have an FWA. Managers will continue to conduct performance evaluations for employees on a regular basis.

EVALUATION. Every FWA will be evaluated at least annually to ensure that employee work quality, efficiency, and productivity are not compromised. Employees who are granted an FWA may be requested to provide more frequent and more detailed reports of their work and progress.

TIMEKEEPING & ATTENDANCE. Employees working under an FWA must accurately and promptly record all hours worked. Employee must request manager approval in advance of working any overtime hours and will request manager approval to use vacation, sick, or other leave in the same manner as employees who are not in an FWA.

WORK SCHEDULE. Employees will remain accessible during the approved work schedule, be available for teleconferences scheduled on an as needed basis, and be available to physically report to their primary work location if a business need arises. Employees will be reachable at all times during their scheduled work hours by phone, video call, chat, text, or email, using University-approved devices and services, to the same extent as if they were working in the primary work location. Any changes to employee working hours must be approved by their manager in writing. Managers may, from time to time as needed, vary employees' working hours to meet the University's needs and other requirements.

DISTRACTION-FREE WORKPLACE. Employees will maintain a safe, secure, ergonomic, distraction-free and appropriate work environment. Flexible work is not a replacement for appropriate dependent care or other responsibilities of employees' personal lives. Employees must provide the same undivided attention to their work as if they were working on site. Employees' dependent-care arrangements should be separate from their workplace so that dependents will not interfere with work. If personal circumstances prevent employees from avoiding distractions or interruptions at the telework site (for example, inability to obtain dependent care or attending to family medical needs), the employee will notify their manager and Human Resources immediately. Any alteration in schedule to accommodate dependent-care needs must be approved by the employee's manager and Human Resources. Employees will keep personal disruptions, such as non-business telephone calls and visitors, to a minimum during regularly scheduled work hours.

I have read, understand and reviewed with my manager all of the conditions for an FWA. I agree to all of the responsibilities of and conditions for an FWA that are described in this document.

Employee Signature
Name

Date

Manager Signature
Name

Date
