

Flexible Work Arrangement Request Proposal

The purpose of this form is to provide a detailed proposal for the desired 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="checkbox"/> Exempt	<input type="checkbox"/> Non Exempt
Effective date(s) of arrangement:	<input type="checkbox"/> Yes <input type="checkbox"/> No This is a request for an ADA accommodation*

*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.

What type of flexible work arrangement (FWA) are you requesting?

- | | |
|--|--|
| <input type="checkbox"/> Flextime (hours flexed on a regular basis)
<input type="checkbox"/> Reduced Hours/Part Time
<input type="checkbox"/> Telework | <input type="checkbox"/> Occasional Flextime
<input type="checkbox"/> Compressed Work Week
<input type="checkbox"/> Jobsharing |
|--|--|

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 a Flexible Work Arrangement Communication Plan* and *Tools and Resources for Teleworking* for more information.

Describe how and when this agreement will be evaluated.

For teleworking requests, please complete the items below noted by an asterisk. (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 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 immediately upon expiration or termination of this agreement.

*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 agreed to the UT Flexible Work Arrangement Terms and Conditions. I understand that my failure to adhere to the expectations set by my supervisor 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

Date

This proposal is approved

This proposal is denied at this time

Manager

Date