



Human Resources

Flexible Work Arrangement/ Work From Home Request

Revised 5/2018

Employee Information

Employee Name _____ Position ID _____ Employee EID _____

Job Title _____ Exempt Non-Exempt

Department Information

Supervisor Name _____ Supervisor EID _____

Department _____

Request Details

Flextime Compressed Work Week

Abbreviated Schedule/Part Time Work From Home*

** Also requires a separate telecommuting agreement.*

Proposed Schedule Details

Proposed Schedule: Week 1

Proposed Schedule: Week 2

Days	Start Time	End Time	Total Hours	Days	Start Time	End Time	Total Hours
<input type="checkbox"/> Sunday				<input type="checkbox"/> Sunday			
<input type="checkbox"/> Monday				<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday				<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday				<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday				<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday				<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday				<input type="checkbox"/> Saturday			

The following factors have been taken into consideration with this proposal. The following pertains:

Considerations

Result

The department will continue to be open from the hours of 8 a.m.-Noon and 1-5 p.m., Monday through Friday. Yes No

The schedules will not adversely affect the operations of the department. Yes No

The position identified for flexible arrangements is conducive to such schedules. Yes No

A plan has been developed to monitor the performance of the employee participating in this flexible work arrangement. Yes No



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Considerations - Continued

Result

- The employee has been notified that the department may discontinue, temporarily suspend, or alter the schedule if business needs change, service is impaired or there is a change in law or university policy. Yes No
- The quantity, quality, and timeliness of the employee's work are anticipated to be maintained or enhanced. Yes No
- The arrangement will not cause need for overtime nor additional staff. Yes No
- The employee understands that if a holiday falls on a scheduled workday, appropriate leave time must be charged to account for the holiday time over eight hours. If the holiday falls on an employee's scheduled day off, the employee will be given credit for the eight hours that may be used as time off at a later date. Yes No
- This proposal was researched in the area of any potential change in the area of benefits eligibility. Yes No

Supervisor Response to Proposal

This proposal is approved.	<input type="checkbox"/> Yes	The work schedule has been approved by the employee's supervisor and work duties and all related responsibilities regarding the schedule have been discussed with the employee. Either employee or supervisor may elect to terminate this work schedule due to a change in circumstances.
This proposal is denied at this time.	<input type="checkbox"/> No	After reviewing the needs of the department and university against the request of the employee, the request cannot be approved at this time.

Signatures

Employee signature _____
Date

Supervisor signature _____
Date

Department head signature _____
Date