



# Human Resources

# Flexible Work Arrangement/ Work From Home Request

Revised 5/2016

## 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