

Flexible Work Arrangement Request Form
(Flexible Work Location, Flextime, Compressed Workweek, Job Share)

Name _____

Position _____

Department _____

Supervisor _____

Please indicate the type of flexible work arrangement that you are requesting in accordance with Human Resources policy 5.1.4 Flexible Work Arrangements:

Please provide details (e.g. requesting one day per week in flexible work location or requesting to start work at 8:00 a.m.) regarding the flexible work arrangement that you are requesting:

If you are requesting to work in a flexible work location, please provide the address (including city, state, zip code):

Please describe how your job responsibilities will be performed just as effectively or more effectively with the flexible work arrangement that you are requesting:



FLEXIBLE WORK ARRANGEMENT APPLICANT

I have discussed the flexible work arrangement with my supervisor and understand that my application does not guarantee that I will be approved for a flexible work arrangement. I have read Human Resources policy 5.1.4 Flexible Work Arrangements, will abide by the policy, and understand that a flexible work arrangement is not an entitlement and is not appropriate for all roles. I understand that this flexible work arrangement can be ended at any time by the University or me. If the flexible work arrangement ends, I understand that I will be required to perform all of the duties and functions of my position at the campus site location. I understand if I decide not to return to my onsite location, I will be considered to have resigned from my position.

Employee's Signature _____

Date _____

SUPERVISOR

Please indicate whether the request is granted or denied below. If the request is denied, please explain the operational reason for the denial. If the request is granted, please also follow up with the employee in a separate letter outlining the terms and expectations of the flexible work arrangement.

Supervisor's Signature _____

Date _____