

Flexible Work Arrangement Proposal Tool

(To be submitted by a staff member, or initiated by a department leader)

SECTION 1

Employee's Full Name	Title	Date
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Supervisor/Manager/Director	Title	Date
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This form should reflect the agreed upon flexible work arrangement between the employee and department leadership. It is recommended that the department leader and staff member have a conversation and come to an agreement prior to completing this form.

1. Clearly define the flexible work arrangement, i.e. remote, compressed, seasonal flex, hybrid, etc.

2. Expected duration of the flexible work arrangement. (Be as specific and accurate as possible)
Maximum of 1 year FWA is allowed; Subject to revocation at any time; temporary arrangements in 3-month increments are acceptable. If employee changes jobs during the FWA, a new approval may become necessary.

3. Describe the proposed flexible work arrangement and

Approved

Yes

No

Comments

If denied, please document the reasons for denial.

This document is to be maintained in the department's employee file.