|  |  |
| --- | --- |
| Date Completed |  |
| Supervisor Name |  |
| Department Head |  |
| Department |  |
| Position Title |  |

**Flexible Work Arrangement Request Form**

**Employee Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee to complete:**

**I am requesting consideration for a Flexible Work Arrangement (FWA):**

**Arrangement Type (check all that apply):**

|  |
| --- |
|  Recurring Flexible Work Arrangement (hybrid): *Proposed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Recurring Flexible Work Arrangement (remote work): *Proposed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Staggered Work Schedule (varied dates and/or times): *Proposed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Intermittent Need-Based remote and/or hybrid arrangement: *Proposed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Project-based Flexible Work Arrangement: *Proposed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Other arrangement proposed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Supervisor/Department Head to complete evaluation below:**

**Section 1: Business Need**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Does this work arrangement serve the best interests of the university/college? | [ ]  Yes | [ ]  No |
| 2 | Would this proposed work arrangement enhance, maintain, or diminish operational efficiencies? | [ ] Enhance | [ ] Maintain | [ ] Diminish |
| 3 | Does the addition of flexible work arrangement(s) enhance the productivity of the department and the employees? | [ ]  Yes | [ ]  No |

**Section 2: Position Suitability**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Does the position require ongoing access to equipment, materials, and files that can only be accessed on campus? | [ ]  Yes | [ ]  No |
| 2 | Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public? | [ ]  Yes | [ ]  No |
| 4 | Does the position regularly perform work on campus or at a facility work location? | [ ]  Yes | [ ]  No |
| 5 | Do the job duties require on-campus presence?*(Other employees should not be covering employee’s responsibilities while remote)* | [ ]  Yes | [ ]  No |

**Section 3: Employee Suitability**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Are there concerns with the employee’s performance history (including disciplinary action)? | [ ]  Yes | [ ]  No |
| 2 | Does the employee possess appropriate time management and organizational skills? | [ ]  Yes | [ ]  No |
| 3 | Does the employee have the necessary computer skills to complete their required job functions outside of the office? | [ ]  Yes | [ ]  No |
| 4 | Does the employee understand their role and expectations, and require little supervision to complete their tasks? | [ ]  Yes | [ ]  No |
| 5 | Can the employee’s performance in a remote work setting be measured and evaluated? | [ ]  Yes | [ ]  No |
| 6 | Is the employee able to initiate tasks on their own and considered to be a self-starter? | [ ]  Yes | [ ]  No |
| 7 | Does the employee consistently meet deadlines? | [ ]  Yes | [ ]  No |

**Section 4: Supervisory Approach**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Are you comfortable allowing this employee to work in a remote setting with less direct oversight? | [ ]  Yes | [ ]  No |
| 2 | How frequently do you monitor the employee’s work performance? | [ ] Weekly | [ ] Monthly | [ ] Other |
| 3 | Are you comfortable communicating virtually with the employee? | [ ]  Yes | [ ]  No |
| 5 | Can you accurately measure the employee’s performance, outcomes, and time worked in a remote work setting? | [ ]  Yes | [ ]  No |
| 6 | Would the team support and embrace a work environment with a combination of on site and remote work arrangements | [ ]  Yes | [ ]  No |

**Summary**

|  |  |  |
| --- | --- | --- |
| Based on the collective responses to the assessment questions, do you recommend this position be considered for a flexible work arrangement? If no, please indicate the primary business reason/suitability factor below. | [ ]  Yes | [ ]  No |
|  [ ]  Business Need | [ ]  Position Suitability | [ ]  Employee Suitability | [ ]  Compliance Suitability | [ ]  Team Effectiveness |
| Notes: |
| Is there a maximum % of time or number of days feasible for remote work? If yes, please specify. | [ ]  Yes \_\_\_\_\_\_\_  | [ ]  No |
| Does the department have the appropriate budget, equipment and resources to support a flexible work arrangement? |  [ ]  Yes | [ ]  No |

**Supervisor Instructions**: If you agree with the request, this form should accompany the completed FWA agreement and be sent to the appropriate VP, Dean or Athletic Director.  All requests will be reviewed collectively by VP Ops.