

FLEXIBLE AND REMOTE WORK AGREEMENT PROPOSAL FORM

Employee proposal to initiate a discussion with his/her immediate supervisor about the employee's interest in an alternate work arrangement. By submitting this proposal, I understand that changes to work scheduled are considered on a case-by-case basis and will still need to be formally routed and approved by the supervisor and the unit head (VC or designee).

I further understand that the supervisor has the sole discretion whether this plan furthers the mission of the department and the University. I understand that, at the discretion of the supervisor, an alternate work arrangement could be requested to return to the original schedule if the needs of the department and/or organization require a change.

I have read the above statement and understand the requirements of this process.

Please fill in the following information:

Name

Unit / Department

Position / Job Title

Supervisor

Supervisor's email address

Please describe the alternate work arrangement are you proposing, along with your current work schedule:

Please describe how you will fulfill your job responsibilities in the proposed work arrangement:

List how your proposed arrangement will improve cost effectiveness, productivity, and customer satisfaction:

Please describe how your proposed work arrangement will meet the needs of the department and the organization:

Please describe how will your proposed work arrangement will provide for effective communication and better engagement with colleagues:

Please provide recommendations for how you (or your supervisor) will track and measure productivity and satisfaction:

Non-exempt Employees only: Describe how you will accommodate holidays and peak productivity time periods in your department.