Appendix A

**Flexible Work Arrangement/ Work From Home Request**

Employee Name Job Title

Department/School/Unit

Manager Name Job Title

Department/School/Unit

**Proposed work from home schedule**

|  |  |  |
| --- | --- | --- |
| Day | Start time | End time |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**The following factors have been taken into consideration with this proposal:**

* The schedules will not adversely affect the operations of the department.
* The position identified for flexible arrangements is conducive to such schedules.
* A plan has been developed to monitor the performance of the employee participating in this flexible work arrangement.
* The employee agrees that the department may, in its sole discretion discontinue, temporarily suspend, or alter the schedule if business needs change, service is impaired or there is a change in law or university policy.
* The quantity, quality, and timeliness of the employee's work are anticipated to be maintained or enhanced.
* The arrangement will not cause need for overtime nor additional staff.
* The employee understands that should technical issues with his or her computer or internet access prevent the employee from working remotely, the employee must notify his or her manager immediately. Interruptions to work caused by internet outages may require the employee to work from their designated working space on campus until the outage is fixed.

**Manager Response to Proposal**

|  |  |  |
| --- | --- | --- |
| This proposal is recommended | Yes | The proposed work from home schedule has been recommended by the employee's manager to the appropriate Vice President and work duties and all related responsibilities regarding the schedule have been discussed with the employee. Either employee or manager may elect to terminate this work schedule due to a change in circumstances. |
| This proposal is denied at this time. | 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

Manager signature Date

Department head signature Date

Vice President signature Date