



FLEXIBLE WORK ARRANGEMENT PROPOSAL AND AUTHORIZATION FORM

Employee Name:
Supervisor Name:
Job Title:
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Note: Staff must continue to enter time in ADP in accordance with FLSA status.
Department:
Date:

Section 1: Self-Assessment of Eligibility to Submit a Proposal

Eligibility to submit a proposal for a flexible work arrangement includes, but is not limited to, the criteria indicated in the statements below. Assess your eligibility by checking one of the boxes next to each statement and providing comments.

Agree	Disagree	Eligibility Statements
<input type="checkbox"/>	<input type="checkbox"/>	I have completed one year at the College with satisfactory performance, or I have appended a written exemption from this criterion from my Area Vice President.
<input type="checkbox"/>	<input type="checkbox"/>	I have <i>no</i> formal disciplinary actions on file within the last 12 months.
<input type="checkbox"/>	<input type="checkbox"/>	I believe my position or job function that can be effectively fulfilled through the proposed flexible work arrangement. Comments:
<input type="checkbox"/>	<input type="checkbox"/>	I believe my organizational unit(s) will be able to perform effectively if I have a flexible work arrangement. Comments:
<input type="checkbox"/>	<input type="checkbox"/>	I believe I have excellent time management, organizational, and communication skills; self-motivation and drive; the ability to work productively with minimal supervision; and proficiency with telecommunication and other technology. Comments:

If you checked **Disagree** to any of the statements above, you are not eligible to submit a proposal for a flexible work arrangement. **STOP HERE.** Otherwise, proceed to the next section of the form.

Section 2: Employee’s Flexible Work Arrangement Proposal

If you conclude that you are eligible to submit a proposal, complete this section of the form. Please refer to the Flexible Work Arrangements Policy to learn which arrangements the College supports.

Proposed Schedule:

Current Schedule		Proposed Schedule		
Days	Start and Stop Times	Days	Start and Stop Times	Work Location (Onsite or Offsite)
Sunday		Sunday		
Monday		Monday		
Tuesday		Tuesday		
Wednesday		Wednesday		
Thursday		Thursday		
Friday		Friday		
Saturday		Saturday		
Total Hours:		Total Hours:		

Work Plan:

You must develop a Work Plan, which may be refined in consultation with your Supervisor if your proposal is approved and authorized. The Work Plan should demonstrate how you will continue to meet the responsibilities of your position in the proposed flexible work arrangement. Please list the goals, major responsibilities/deliverables, and timelines for work and projects to be undertaken. Also indicate how you will overcome any barriers to fulfillment of the job’s responsibilities and objectives, or modify current processes in order to work effectively.

Communication Plan:

Please provide details on how you plan to communicate in a flexible work arrangement with your Supervisor and others. Specifically, indicate (1) how often you expect to meet with your Supervisor and organizational unit, (2) whether these meetings will take place onsite or offsite, and (3) how colleagues, students, and other College stakeholders will be able to reach you (for example, in person, telephone, video conferencing, email, and so on).

Section 3: Employee Certification and Signature

Employee: *By signing below, I certify the following:*

- *I have read, understand, and agree to the Flexible Work Plan Policy and Procedural Guide, as well as all other College policies.*
- *I am in agreement with the flexible work arrangement I have proposed, but understand that the proposal may be denied or subject to modification at the direction of management.*
- *I understand and agree that it is only the flexible work arrangement which is approved which will be available to me, for the period of approval but no longer than the end of the current fiscal year, and that I must submit a new proposal for an arrangement to be renewed.*
- *I understand and agree that my flexible work arrangement will be formally reviewed during the College’s annual performance evaluation process.*
- *I have the supplies and equipment necessary to successfully fulfill my flexible work arrangement.*
- *I understand and agree that my Supervisor, Department Head, Division Vice President, and/or the College’s President have the right to alter or discontinue my flexible work arrangement at any time for any reason.*

Employee’s Signature

Date

Section 4: Form Submission and Proposal Review

Please submit this completed form to your Supervisor. Your proposal will be reviewed by your Supervisor and, if recommended for approval, by the Department Head and Division Vice President. You will be informed as soon as possible as to whether your proposal has been approved or declined.

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Supervisor and Department Head Only

Section 5: Flexible Work Arrangement Determination

If an Employee’s Flexible Work Arrangement Proposal has been declined, the Supervisor will inform the Employee in writing. If the Employee is offered a modified Proposal, the Employee may resubmit the Proposal to the Employee’s Supervisor for consideration. If the proposal is approved, this section will be completed by the Supervisor and Department Head after the Department Head has consulted with the Division Vice President and received their approval.

Authorization: The Employee's proposed flexible work arrangement is authorized upon the Supervisor's and Department Head's signatures below. The arrangement will be in effect beginning _____, 20__ and ending on _____ (no later than on the last day of the fiscal year in which the arrangement was authorized).

Supervisor: *I have reviewed the Employee's Flexible Work Arrangement Proposal and recommended it for approval by the Department Head and Division Vice President.*

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Supervisor's Signature

Date

Department Head: *I have reviewed the Employee's Flexible Work Arrangement Proposal, discussed the proposal with the Supervisor, received the Division Vice President's approval, and now formally authorize the proposed flexible work arrangement.*

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Department Head's Signature

Date

The Supervisor should submit the completed and signed form to Human Resources.