#

# **FLEXIBLE WORK ARRANGEMENT PROPOSAL**

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| Name |  |
| Job Title |  |
| Department |  |
| Current Status | 🞎 Full-Time 🞎 Part-Time 🞎 Exempt 🞎 Non-Exempt |
| Bargaining Agreement | 🞎 CX 🞎 UPTE TX |

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| Proposed Flexible Work Arrangement |
| 🞎Flexible Hours 🞎Compressed Work Week 🞎 Part-Time Work 🞎Other (explain below)Additional Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pilot Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pilot End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| CURRENT SCHEDULE | PROPOSED SCHEDULE |
| Days | **Start-End** | **Total** | **Location** | **Days** | **Start-End** | **Total** | **Location** |
| Monday |  |  |  | Monday |  |  |  |
| Tuesday |  |  |  | Tuesday |  |  |  |
| Wednesday |  |  |  | Wednesday |  |  |  |
| Thursday |  |  |  | Thursday |  |  |  |
| Friday |  |  |  | Friday |  |  |  |
| Saturday |  |  |  | Saturday |  |  |  |
| Sunday |  |  |  | Sunday |  |  |  |

**How will this proposed flexible work arrangement be a benefit to the organization?**

* Will service/office hours be extended?
* Will you be more productive? In what ways, and how will this be measured?
* Will your department be able to free up equipment and space?

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**Describe the impact of the arrangements on others, both within the unit and externally.**

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**Describe the solutions you propose to overcome any challenges presented by this arrangement.**

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**Explain how customers will be handled in your absence if applicable (e.g. backup, buddy system, voicemail, you’ll be available on bchat, etc.).**

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**Describe how regular communications will be handled.**

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**Include milestones for checking progress and measuring success.**

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**Employee Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Supervisor/Manager Authorization** |

I have reviewed and discussed this flexible work arrangement proposal with the staff member. This proposal is:

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| --- | --- | --- |
| CHECK | APPROVAL or DENIAL | DATESBegin End |
|  🞎 | Approved for Pilot Implementation |  |  |
|  🞎 | Approved for Regular Implementation |  |  |
|  🞎 | Approved for Renewal |  |  |
|  🞎 | Denied |  |  |

**If the proposed work arrangement includes telecommuting, employee and manager should complete the Telecommuting Agreement form.**

**If the proposal is denied, identify the business reasons that support the denial.**

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**Supervisor Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send copy to Haas HR Director*