



### FLEXIBLE WORK ARRANGEMENT PROPOSAL

Name	
Job Title	
Department	
Current Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Bargaining Agreement	<input type="checkbox"/> CX <input type="checkbox"/> UPTX TX

Proposed Flexible Work Arrangement
<input type="checkbox"/> Flexible Hours <input type="checkbox"/> Compressed Work Week <input type="checkbox"/> Part-Time Work <input type="checkbox"/> Other (explain below)
Additional Notes: _____
Pilot Start Date: _____                      Pilot End Date: _____

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?

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

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

**Explain how customers will be handled in your absence if applicable (e.g. backup, buddy system, voicemail).**

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

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

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

**Date** \_\_\_\_\_

**Supervisor/Manager Authorization**

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

CHECK	APPROVAL or DENIAL	DATES	
		Begin	End
<input type="checkbox"/>	Approved for Pilot Implementation		
<input type="checkbox"/>	Approved for Regular Implementation		
<input type="checkbox"/>	Approved for Renewal		
<input type="checkbox"/>	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.

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

*Send copy to Haas HR Director*