Flexible Work Arrangement Proposal Form

Name: ____________________________________________

Job Title: _________________________________________

Department: ______________________________________

Manager: _________________________________________

Date Submitted: ________________________________

Employee Status:  □ Exempt  □ Non-Exempt

Flexible Work Arrangement Requested:

□ Flex-Time  □ Telecommuting  □ Compressed Workweek  □ Part-time  □ Job Share

Please describe your proposed schedule including days, hours, and location of work.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

How will working under this arrangement allow you to maintain or improve your work performance? How will you ensure that your job requirements are met?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
How might working under this arrangement impact you team and/or customers? How will you address any concerns?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are there deliverables or measurements that you propose so that you and your manager can evaluate your performance on an on going basis?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What support do you need from your manager to successfully carry out this arrangement?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Manager Decision:  □ Approve  □ Deny (please list reason for denial)

________________________________________________________________________

Date:

________________________________________________________________________

Employee Signature:

________________________________________________________________________

Manager Signature:

________________________________________________________________________

HR Signature:

________________________________________________________________________

Date for review: