

# Flexible Work Arrangement Form

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**To request a Flexible Work Arrangement (FWA):**

**Page 1 to be completed by employee. Page 2 to be completed by direct supervisor to finalize the FWA request.**

**All completed forms (APPROVED OR DENIED) must be submitted to the department's Human Resources representative.**

Employee Name

Employee ID #

Job Title

Employee Status

Supervisor Name

Department ID #

Department

Campus

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Flexible Arrangement Type

Effective Start/End Date(s) Proposed:

Compressed Week

Flexible Schedule

Remote Working

Provide a description of the arrangement you are requesting:

Date of submission to supervisor:

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**The next section of this form is to be completed by your direct supervisor.**

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The proposal is:

- approved
- approved, with supervisor amendments
- not approved

Final description of the arrangement as amended by the supervisor and agreed upon with the employee:

If the employee's proposal is NOT approved, provide the reason here:

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1. The supervisor and employee have completed the Flexible Work Arrangement training.
  2. The employee agrees to adhere to applicable guidelines and policies.
  3. The department concurs with employee participation and agrees to adhere to applicable guidelines and policies.
  4. A copy of the applicable Flexible Work Arrangement Policy and Flexible Work Arrangement Guidelines have been given to the employee and reviewed by the supervisor.
  5. Department owned equipment and supplies have been issued to the employee. Upon termination of the Flexible Work Arrangement, department owned or leased equipment must be returned to the department immediately.

Agree

Do Not Agree

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Employee Signature

Date

Supervisor Signature

Date

Secondary Supervisor Signature

Date

Human Resources Representative

Date

(Remote Working Request Only)  
Dean/Dept Head

Date

(Remote Working Request Only)  
Assistant Vice President

Date

(Remote Working Request Only)  
Vice President

Date