

Flexible Work Arrangement Proposal Tool

(To be submitted by a staff member, or initiated by a department leader)

SECTION 1

Employee's Full Name

Title

Date

Supervisor/Manager/Director

Title

Date

The Flexible Work Arrangement Proposal Form is used when staff and/or leadership request a change to a regularly scheduled work schedule and/or setting, per the guidelines in Flexible Work Arrangement Policy 3364-25-70.

This form should reflect the agreed upon flexible work arrangement between the employee and department leadership. It is recommended that the department leader and staff member have a conversation and come to an agreement prior to completing this form.

1. Clearly define the flexible work arrangement, i.e. remote, compressed, seasonal flex, hybrid, etc.

2. Expected duration of the flexible work arrangement. (Be as specific and accurate as possible)
Maximum of 1 year FWA is allowed; Subject to revocation at any time; temporary arrangements in 3-month increments are acceptable. If employee changes jobs during the FWA, a new approval may become necessary.

3. Describe the proposed flexible work arrangement and work schedule: days, hours, on-site and offsite availability. Hours must reflect the assigned FTE.

4. Staff Member:

- a. Which elements of the job can be performed off-site? Which cannot?
- b. What tools, equipment and technology will be needed for work to be completed?
- c. Will you provide your cell number and install Cisco Jabber?
- d. Have you thought about how you can help your department leader monitor productivity?
- e. Have you read the policy and agree with the provisions contained in the policy?
- f. Have you read the guidance tool and FAQ?
- g. Are you on a corrective action, discipline, or performance improvement plan?

- a.
- b.
- c.
- d.
- e.
- f.
- g.

5. Department Leader:

- a. How will the computer, software, database and other technology used for work be secured and protected from use by others?
- b. Will you provide your cell number and install Cisco Jabber?
- c. How will you monitor productivity? Be very specific, i.e. process ____ # of applications, answer ____ # of calls, register ____ # of patients, code ____ # of charts, complete ____ reports, etc.
- d. Have you read the policy and agree to the provisions in the policy?
- e. Have you read the guidance tool and FAQ?
- f. How will you enable teambuilding and culture building with the initiation of FWAs?

- a.
- b.
- c.
- d.
- e.
- f.

Approved

Yes

No

Comments:

If denied, please document the reasons for denial.

This document is to be maintained in the department's employee file.