

# Flexible Work Arrangement Proposal Form

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

UCD email Address: \_\_\_\_\_

UCD Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Current Status:  Full Time  Part Time  Exempt  Non Exempt

Department: \_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Type of Flexible Work Arrangement Being Proposed (check all that apply):

Compressed Workweek  Flextime  Telework

## Proposed Work Schedule

	<u>Start-End Times</u>	<u>Minute Lunch</u>	<u>Total Work Hours</u>	<u>Location</u>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

## Proposed Work Schedule Week 2 (applicable to compressed workweek only)

	<u>Start-End Times</u>	<u>Minute Lunch</u>	<u>Total Work Hours</u>	<u>Location</u>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

On a separate piece of paper, please submit a written proposal for your FWA. Please include the following elements and be as specific as possible. Attach document to this completed request form.

- The exact type and schedule of your proposed FWA.
- The business case for your proposed FWA.
- A description of how, when and where you will accomplish the various components of your job under the new arrangement.
- Identify and potential negative impact on colleagues and clients and propose a specific plan to address these impacts.
- Proposed methods and frequency of communication with co-workers.
- A plan for monitoring effectiveness (deliverables and evaluations).
- A start date, trial period (typically 90 days), and intervals of evaluation (at least annually).
- An acknowledgement that the FWA is subject to termination should business needs change or performance issues arise.

## Flexible Work Arrangement Decision

- Request Approved: Please complete and sign the FWA Agreement below. If the FWA includes Telework, please complete and sign page three as well.
- Request Denied: Please schedule a meeting time to discuss the reasons for denial and an action plan if applicable.

Supervisor/Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Flexible Work Arrangement Agreement Form

- The employee understands that any additional hours which might involve overtime (for non-exempt employees only) must be approved in advance by the supervisor.
- The employee agrees that all obligations, responsibilities, terms and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this Agreement.
- The employee agrees that the unit/department reserves the right to modify or suspend immediately this Agreement in case of unanticipated circumstances regarding employee performance or operational needs.
- The supervisor/manager certifies that notice to the union has been provided when required.

I hereby affirm by my signature that I have read this agreement and understand and agree to all of its provisions.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trial Period Start Date: \_\_\_\_\_

Date of First Review: \_\_\_\_\_

A copy of this agreement is archived in the department personnel file pursuant to policy.

# Flexible Work Arrangement Agreement Form/Telework

If requesting Telework, you must complete/submit this additional form:

Plans for monitoring the effectiveness of the arrangement are (e.g., deliverables, outcomes, project reports, evaluations):

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- The employee agrees to remain accessible during designated work hours, and agrees that the unit/department reserves the right to modify or suspend immediately this Agreement in case of unanticipated circumstances regarding employee performance or operational needs.
- The employee agrees to maintain a safe and secure work environment. The employee agrees to allow the University access to assess safety and security, upon reasonable notice.
- The employee agrees to report any work-related injuries to the supervisor/department head at the earliest opportunity. The employee agrees to hold the University harmless for injury to others at the remote worksite.
- The employee agrees to use University-owned equipment, records, and materials for purposes of University business only, and to protect them against unauthorized or accidental access, use, modification, destruction, loss, theft, or disclosure. Incidental personal use is not to be permitted to interfere with the use of the equipment for University business. The employee agrees to report to the supervisor instances of loss, damage, or unauthorized access at the earliest opportunity.
- The employee agrees that all equipment, records, and materials provided by the University shall remain the property of the University.
- The employee agrees that her/his personal vehicle will not be used for University business unless specifically authorized by the supervisor.
- The employee agrees to return University equipment, records, and materials within \_\_\_\_ days of termination of this Agreement. All University equipment will be returned to the University by the employee for inspection, repair, replacement, or repossession with \_\_\_ days written notice.
- The employee agrees that he/she is responsible for tax consequences, if any, of this arrangement, and for conformance to any local zoning regulations.
- The supervisor/manager certifies that notice to the union has been provided when required.

I hereby affirm by my signature that I have read this agreement and understand and agree to all of its provisions.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trial Period Start Date: \_\_\_\_\_

Date of First Review: \_\_\_\_\_

A copy of this agreement is archived in the department personnel file pursuant to policy.