

Employee Name: _____ **Empl ID:** _____

Position Title: _____ **Department:** _____

Supervisor: _____

Requested Dates: **Start Date:** _____ **End Date:** _____

Directions: Please select your requested alternative work arrangement and indicate your proposed work schedule.

Compressed workweek: 10-hour work day for 4 days with one day off per week

Flextime

Job Sharing

Sharing the job (Employee Name and Empl ID): _____

(Additional approval and documentation may be required for Job Sharing.)

Please indicate the proposed work schedule:

	Requested Hours (e.g. 8:00 am - 12:00 pm)	Lunch (e.g. 12:00 pm - 1:00 pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Telecommuting

Please note that the Telecommuting Agreement Form is also required for this option.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

Communication Plan (i.e. email, voice mail, etc.) will be handled as follows:

Performance Goal / Expectations: (Please attach a separate document IF needed for complete response)

Employee's Acknowledgement:

This document confirms that the flexible work arrangement agreement between the department and the employee is consistent with The University of Texas at Arlington policy.

Flexible work arrangements are optional, not an employee right or benefit. My participation in a flexible work arrangement is voluntary in nature and I am not required to participate as a condition of employment. This agreement in no way alters my employment relationship with the University or my obligation to observe all applicable University rules, policies and procedures. I understand that my compensation and benefits will not change as a result of the implementing a flexible working arrangement of compressed workweek, flextime or telecommuting. I also understand that if I am participating in job sharing, there may be an impact on my compensation and/or benefits including, but not limited to: insurance premiums, holiday pay, vacation and sick leave accruals, longevity pay, and tuition benefits.

The operational needs of the University take precedence over this flexible work arrangement agreement. After being provided as much advance notice as possible, I must return to my regularly assigned place of employment and/or schedule when required by my supervisor. (Notice is typically ten (10) working days, but the University reserves the option to terminate the agreement without notice if I violate any policy).

I will maintain accurate time accounting documentation to support and substantiate my work hours and work products. I will obtain the advance approval of my supervisor before working more than 40 hours in a workweek and I must obtain supervisory approval before taking leave.

University holidays are based on an 8-hour day. For this reason, when a holiday falls on a 10-hour workday, only 8 of those hours will be charged as holiday. The remaining two hours must be taken as vacation or worked on another day during that workweek. Therefore, as a general rule – on a compressed workweek schedule, I will revert to a 5-day/8 hours schedule for the holiday workweek, unless otherwise approved by my supervisor.

Standard daily work hours within a compressed workweek schedule will be charged when taking accrued vacation, sick and/or compensatory leave.

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Either the University or I may terminate this agreement by providing a ten (10) working day written notice prior to the effective termination date. The University reserves the option to terminate the agreement without notice if I violate any policy.

By signing this agreement, the employee certifies as follows:

“I have reviewed, understand and agree to abide by the University’s Flexible Working Arrangements procedure and I agree to the conditions detailed in this Agreement.”

Employee

Date

Supervisor

Date

Unit Head

Date

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

Distribution: Original remains in Administrative Unit; complete copy to employee, Payroll Services and to Human Resources.