

Flexible Work Arrangement Request Form

This form is to request alternative working arrangements and enter a flexible work agreement. The employee or the supervisor may initiate this request; however, the employee will complete the form.

Approval or denial is determined by Human Resources, and will be based on the University's operational and business needs. Franklin Pierce University reserves the right to review any flexible arrangement on a frequent basis.

How to use this form:

- Think about the how, where, and when you will do your work.
- How long are you looking for this agreement to last?
- How will you continue to meet the needs of the department/University, if approved?

Complete this form and share with your supervisor. (*Your supervisor is encouraged to provide input to the questions below.*)

Name:

Date Submitted:

Position Title:

Department:

Supervisor Name:

Email:

Requested Start Date:

Full or part-time: Full-time Part-time

Pay Frequency: Monthly Biweekly

1. Designate the type of flexible arrangement requested:

- Alternative Arrival/Departure Time
- Compressed Schedule
- Alternative Work Site
- Remote Work - 100% or hybrid
- Staggered Work Days on-site
- Reduction in Hours/Part-time
- Combination/other: _____

2. What is your current schedule?

3. What changes are you requesting? Describe the details of your proposed arrangement, including the days and hours, for onsite and your proposed work location.

4. How long do you anticipate this arrangement to last?

5. Describe how you intend to accomplish your job under this proposed flexible work arrangement. Please be specific.

6. What positive outcomes do you anticipate as a result of this arrangement? Focus on workplace or job outcomes such as the ability to perform your work, etc.

7. Describe how this new arrangement may impact those you work with closely, University colleagues, and internal/external clients, supervisors/managers. Include any proposed solutions to any identified challenges.

8. How will you ensure that you are successful in meeting your performance objectives?

9. What, if any, additional resources will you need in order to be successful?

I understand that submitting this form does not obligate the University to approve my flexible work arrangement request. Additionally, I understand that I may be required to come to campus for specific meetings or trainings. Flexible work agreements are subject to ongoing review and may be revised or discontinued at any time by the supervisor or employee.

Employee Signature

Date

Supervisor Signature

Date

Human Resources Only – Determination:

Approved

Denied*

* If denied, supervisor and employee meeting date: __ / __ / ____

Copy of this form and attachments given to employee.

Copy of this form filed in personnel file.