**CAD Flexible Work Arrangement (FWA) Request Form**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FLSA Classification (check one): \_\_\_\_\_ Non-exempt (hourly) \_\_\_\_\_ Exempt (salaried)**

**Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Agreement must be renewed annually

**Type of FWA (circle all that apply)*:***

Flexible Hours Telecommuting^ Compressed Work Week

Alternate Work Week Reduction in Hours

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: In the case of a reduction in standard work hours, it is the requesting employee’s responsibility to research the implications to your salary and benefits before entering into the FWA.

**Current and Proposed Work Schedule** (Please indicate location if it is not on campus):

***Current Work Schedule Proposed Work Schedule***

Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information for Telecommuting Arrangements**# **(as applicable)**

Address of alternate work site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number(s) of alternate work site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax number of alternate work site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties and assignments authorized to be performed at this alternate work site are:

The following methods and times of communicating are agreed upon:

Regarding space and equipment purchases, reimbursements, set-up and maintenance, the following is agreed upon:

^ The **Telecommuting Safety Checklist** must be signed and attached.

# If RIT is providing the employee with technology/equipment, the **Receipt of RIT Property** form must be signed and attached.

**Additional Terms of this Flexible Work Arrangement not listed above (as applicable):**

I hereby acknowledge that I have read the Flexible Work Arrangement Policy and Agreement, that I understand it fully, and I am voluntarily executing the Agreement. I understand that RIT is not obligated to approve a proposal for a FWA for any employee. The decision is at the discretion of my supervisor/manager and dean in consultation with HR. FWAs are subject to ongoing review and positive annual performance evaluations. FWAs may be subject to termination at any time, with or without my consent, for any reason including, but not limited to, performance concerns or business needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Level Supervisor, **Print Name** Signature Date

Dean, Todd Jokl \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

RETURN ALL COMPLETED FWA DOCUMENTATION TO:

Clare Lagiewski, CAD Assistant Dean of Administrative Services

CAD Dean’s Office

BOO-2549