

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

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

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

Division/College: Academic Affairs/College of Art and Design Manager\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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

\*Agreements must be renewed annually

**Type of FWA (Check 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 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 (please type below):

The following methods and times of communicating are agreed upon:

Regarding space and equipment purchase, reimbursements, set-up and maintenance, the following is

agreed upon:

\*The [**Telecommuting Safety Checklist**](https://www.rit.edu/fa/humanresources/sites/rit.edu.fa.humanresources/files/docs/Flexible_Work_Arrangement_Safety_Checklist.pdf) should be signed and attached.

\*If RIT is providing the employee with technology/equipment, the [**Receipt of RIT Information and Information Resources**](https://www.rit.edu/fa/humanresources/sites/rit.edu.fa.humanresources/files/forms/FlexWork_Receipt_of_RIT_Information_and_Info_Resources.pdf) form should 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 Program and Agreement, which I understand it fully, and I am voluntarily executing the Agreement. I understand that RIT is not obligated to approve a proposal for an FWA for any employee. The decision is at the sole discretion of my manager in consultation with Human Resources. 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.

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Employee Signature Date

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

Supervisor/School Director Signature Date

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

Next Level Supervisor Signature Date

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

CAD Dean Signature Date

Cc: RIT Human Resources

CAD Assistant Dean of Administrative Services