

Flexible Working Arrangement Request Form

***This section is to be filled out by the EMPLOYEE requesting a flexible working arrangement:***

Name:

Date:

Department:

Position:

CURRENT scheduled working arrangement:

|  |  |  |  |
| --- | --- | --- | --- |
| **Calendar Days** | **Arrival Time** | **Departure Time** | **Total Hours** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| Total Hours/ week | (Hours must equal FTE equivalent) | |  |

PROPOSED flexible working arrangement:

|  |  |  |  |
| --- | --- | --- | --- |
| **Calendar Days** | **Arrival Time** | **Departure Time** | **Total Hours** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| Total Hours/ week | (Hours must equal FTE equivalent) | |  |

Start Date:

End Date:

Please answer the following questions. (Submit a separate attachment if you prefer. See [Flexible Working Arrangements](https://www.uvm.edu/hrs/flexible-working-arrangements) on the HRS website for guidance.)

How will you accomplish your job under this arrangement? How will you address any challenge?

How will client needs be handled in your absence, if applicable?

How will regular communications be handled?

What is your reason for requesting a flexible working arrangement? [optional]

***The form is not intended for a health-related or disability-related workplace arrangement. If your request is related to a medical or disability issue, do not use this form. Instead, please contact Human Resource Services for the appropriate form and additional information.***

***This section is to be filled out by the employee’s SUPERVISOR:***

*Supervisors will carefully review each request on a case-by-case basis,* ***balancing the needs of the individual with those of the department.*** *Requests will be reviewed periodically and may be adjusted as necessary. Supervisors may withdraw or revise arrangements at any time due to operational needs.*

Request Approved: **YES NO\***

If the request is approved, HRS recommends an initial trial period (typically three months) to allow both the employee and the University the opportunity to review the arrangement. At the end of the trial period, the flexible working arrangement should be reevaluated and adjusted if necessary.

**A trial period** will run from: to:

***If the supervisor approved the request, this section is to be filled out by the employee’s Chair:***

Request Approved: **YES NO\***

***If the supervisor and Chair approved the request, this section is to be filled out by the Dean’s Office:***

Request Approved: **YES NO\***

If the request is DENIED, select the reason(s) (as stipulated by Act 31) and provide a brief explanation:

The burden of additional costs

A detrimental effect on aggregate employee morale (unrelated to discrimination or other unlawful employment practices)

A detrimental effect on the ability of an employer to meet consumer/customer demand

An inability to reorganize work among existing staff

An inability to recruit additional staff

A detrimental impact on business quality or business performance

An insufficiency of work during the periods the employee proposes to work

Planned structural changes to the business

Brief explanation for denial (attach additional pages if necessary):

Signature of Employee: Date:

Supervisor Signature: Date:

Chair Signature: Date:

Dean’s Office Signature: Date:

\* If a supervisor denies a request for a flexible working arrangement, the employee may take the request to the next supervisory level for review. The decision at that level will be final.

*A copy of this form should be kept by the supervisor and the CALS’ Dean’s Office.*

*Form reviewed and approved by Labor & Relations 2/19/2020.*