



Flexible Working Arrangement Request Form

This side 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:

Start Date:

End Date:

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

Please answer the following questions in the response section of this form. (See Flexible Working Arrangements: [Guidelines for Staff](#) on the HRS website for guidance.)

1. How will you accomplish your job under this arrangement?
2. How will you address any challenges?
3. How will client needs be handled in your absence, if applicable?
4. How will regular communications be handled?
5. 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 the ADA Coordinator at disability@uvm.edu for the appropriate form and additional information. **Non-standard work hours requested by the employee are not subject to shift differential pay.**

Signature of Employee

Flexible Schedule Request Question Response Section

1.

2.

3.

4.

5. (Optional)

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

*Supervisors will carefully review each request in accordance with the current Collective Bargaining Agreement or Employee Handbook. These request are evaluated 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.*

Request Approved **YES** **NO**

This Flexible Work period will run from _____ to _____

Supervisors will implement and make necessary flexible work schedule adjustments in line with the current Collective Bargaining Agreement or Employee Handbook.

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):

If the request is APPROVED, describe the agreed-upon flexible working arrangement. (Attach additional pages if necessary.)

Signature of Supervisor