## **FLEXIBLE WORK ARRANGEMENT**

1. Employee Name and WSUID:



This optional form has been created for an employee to request a flexible work arrangement and for a Leader to either approve or deny the request. It is intended to ensure that both the Leader and the Employee have a clear understanding of the approved work arrangement. Each flexible work situation is unique, depending on the needs of the position, Leader, and Employee. This form can be adapted to unit requirements, as necessary. Flexible Work Arrangements that change an employee's <u>Regular Schedule</u> must be elevated to a Senior Leader for approval.

## **Employee Information:**

2.	Job Title:
3.	Workload (FTE) per work week:up to .25 (1-10 hrs)up to .50 (1-20 hrs)
	up to .75 (1-32 hrs)1.0 (40+ hrs)
4.	Exemption Classification:ExemptNon-Exempt
5.	Department:
6.	Leader:
7.	Flexible work arrangement start date:
8.	Flexible work arrangement end date:
9.	Type of flexible work arrangement requested (check all that apply):
	Compressed Work Week
	Flextime
	Job Sharing
	Reduced-Time Work
	Remote Work (partial or full)
<u>Flexible</u>	e Work Arrangement Review:
	<u>r:</u> Flexible work arrangements are to be reviewed prior to the anticipated end of the flexible work
_	gement if extending and/or once annually. They may also be reviewed with a change of leadership.
	c modification(s) to this arrangement should be documented and discussed between the Employee eader. Long-term or substantial modifications should be documented through a revised
	gement.
Arrang	gement Review Date:

# **Job Duties and Work Schedule:**

Day of the Week	Work Hours	Work Location (Alternate or WSU)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Saturday		
flexible work arrangement (i	will complete all functions of you e., travel, on- site/off-site meeting U service standards, etc.), specify	
		vork will be performed (i.e communication d, how absence requests will be managed, or
	cion on a change of schedule, etc.)	

# **Job Duties and Work Schedule:**

- Training measures,	connact that y		ds (how maintaine	u/storeu, etc./
 visibility, identify	if there are reg	_		ng, maintaining tean -on-one) on site or vi

### **Space, Equipment, and Technology Access:**

Equipment

The Employee and Leader agree to work together to ensure that an alternate worksite is safe, free from distractions, is conducive to maintain appropriate confidentiality of records and information. The Employee must have access to a quiet, remote space to perform work and have access to a secure, high speed internet connection. The Employee agrees to immediately report any job-related accidents that occur during established working hours so timely reporting to Kansas Department of Health and Environment and State Self- Insurance Fund can be done.

Below, specify any equipment and/or technology access the Employee will need to work remotely. In the event of equipment failure or service interruption, the Employee must notify the Leader immediately. Responsibility of equipment replacement due to fault on the part of the employee will be subject to review based upon the nature of the circumstances. Commonly utilized office supplies will be provided by the Unit as needed. Employee's out-of-pocket expense for other supplies will not be reimbursed unless by prior approval of the Leader. Equipment and supplies provided by the Unit remain University property.

Date Provided

Issued/Provided by

• •		•	
nployee: Identify needed equip	ment (i.e., what sur	port will beneede	ed from the department) such
	• •	•	
office furniture, paper, mailing,		ce supplies, comp	outer, printer, priorie, internet,
remote access service and devi	ces).		
تمرين والمالين الموارين الأنام والمرارية	بعيره مرجاه المحالف بما المحالمة		ومراجع المراجع المراجع المراجع المراجع المراجع المراجع
<u>:ader:</u> Identify what will be prov	ilded by the departi	ment (i.e., what le	evel of support will be provided from
anartment) such as office furnit	ure naner mailing/	chinning funds of	fice supplies, computer, printer, pho
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ternet as well as expectations o	f University provide	ed equipment (i.e.	"University laptop and hotspot shall
<del>-</del>			<b>,</b>
sed for all work performed – no	personal computers	5 <sup></sup> ).	

Revised 11/23/2022

Policy	/ and	Proced	lure Ac	knowl	led	gement:
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Acknowledgement	Leader Initials	Employee Initials
I have read and understand the Flexible Work		
Arrangement Form.		
I have reviewed and understand my job duties during my flexible work assignment.		
I have reviewed and understand all University		
timekeeping requirements and understand that if I am		
paid hourly, I will be subject to the Fair Labor Standards		
Act for any time worked over 40 hours that occur within		
the work week.		
Employee Signature	Da	ate:
Leader Signature	D	ate:
NOTE: This request is not a contract of employment and employment. It does not alter or supersede the terms of University policies and procedures continue to apply. Al	I does not provide a f the existing emplo I flexible work arran	ny contractual rights to continuo yment relationship. All Wichita s gements must receive prior app
and are not effective until all required levels of leadersh reviewed with senior leadership prior to approving.	ip have signed this	form. <mark>Leader, ensure you have</mark>
In situations where the arrangement is a change to an ewebsite ( <a href="https://www.wichita.edu/services/humanresoFlexible_Work_Arrangements.php">https://www.wichita.edu/services/humanresoFlexible_Work_Arrangements.php</a> ), additional signature as applicable to your area.	urces/Business_Par	tners/Resources/
Vice President or Dean Signature		Date: