

FLEXIBLE WORK ARRANGEMENT

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.

Employee Information:

1. Employee Name and WSUID: _____
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: ___ Exempt ___ Non-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

Flexible Work Arrangement Review:

Leader: Flexible work arrangements are to be reviewed prior to the anticipated end of the flexible work arrangement if extending and/or once annually. They may also be reviewed with a change of leadership. Ad-hoc modification(s) to this arrangement should be documented and discussed between the Employee and Leader. Long-term or substantial modifications should be documented through a revised arrangement.

Arrangement 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		

Employee: Describe how you will complete all functions of your position with the new proposed flexible work arrangement (i.e., travel, on- site/off-site meetings, training participation, department interactions, WSU service standards, etc.), specify them in the box below.

Leader: Briefly describe expectations of when and how the work will be performed (i.e. - communication methods, how work productivity and quality will be evaluated, how absence requests will be managed, or expectations for communication on a change of schedule, etc.).

Job Duties and Work Schedule:

Leader: Identify any information security expectations (i.e., compliance with software licensing, virus protection, data security measures, confidentiality of University records (how maintained/stored, etc.)

Leader: Share any expectations you have for troubleshooting and problem solving, maintaining team participation and visibility, identify if there are regular required meetings (team/one-on-one) on site or via Microsoft teams/zoom or other technology.

Leader: List Department Core business hours if applicable. (The hours in a workday when the department determines all staff are needed). Meetings are typically scheduled during this time.

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

Space, Equipment, and Technology Access:

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.

Equipment	Issued/Provided by	Date Provided

Employee: Identify needed equipment (i.e., what support will be needed from the department) such as office furniture, paper, mailing/shipping funds, office supplies, computer, printer, phone, internet, or remote access service and devices).

Leader: Identify what will be provided by the department (i.e., what level of support will be provided from the department) such as office furniture, paper, mailing/shipping funds, office supplies, computer, printer, phone, internet as well as expectations of University provided equipment (i.e. “University laptop and hotspot shall be used for all work performed – no personal computers”).

Policy and Procedure Acknowledgement:

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 _____ **Date:** _____

Leader Signature _____ **Date:** _____

After the Employee and Leader have signed, a copy should be provided to the employee and the original form is to be retained within the department.

NOTE: This request is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship. All Wichita State University policies and procedures continue to apply. All flexible work arrangements must receive prior approval and are not effective until all required levels of leadership have signed this form. Leader, ensure you have reviewed with senior leadership prior to approving.