



## FLEXIBLE WORK ARRANGEMENT (FWA) REQUEST FORM

**Flexible Work Arrangement (FWA):** An FWA for the purpose of these guidelines should be an arrangement with a duration lasting at least three (3) months but no longer than twelve (12) months. An FWA on a more temporary basis remains permissible at first-level supervisor's discretion and should be documented using the temporary FWA procedure. Examples of FWA include the following three (3) options, which may be used individually or in combination.

1. **Condensed Work Week:** Scheduled work week compressed into fewer days than normally scheduled (e.g., four (4) days/ ten (10) hours or four (4) days/ nine (9) hours and one (1) day/ four (4) hours, etc.)
2. **Flexible Time:** Weekly work hours are satisfied, but the daily starting and ending work times may change periodically and may differ from the department's standard operating hours. (e.g., Monday through Friday, 8:00 a.m. to 5:00 p.m.)
3. **Flexible Workplace (Remote Work):** Work hours are satisfied at an approved location other than the normally scheduled workplace. Some or all work hours are completed from a virtual location (e.g., home or a different department or off-campus location).

<b>Employee Name:</b>	<b>Emp ID:</b>
<b>Job Title:</b>	<input type="checkbox"/> <b>Exempt</b>
	<input type="checkbox"/> <b>Non-Exempt</b>
<b>Department:</b>	<b>Date Submitted:</b>

Flexible Work Arrangement Requested:

WORK ARRANGEMENT	ACTIONS
<input type="checkbox"/> <b>Condensed Work Week</b>	<b>Scheduled Start Date:</b>
<input type="checkbox"/> <b>Flexible Time</b>	<b>Start Date:</b>
<input type="checkbox"/> <b>Flexible Workplace (Remote Work)</b>	<b>End Date:</b>

Indicate your proposed schedule with hours and location (if requesting flex schedule list core hours only):

DAY	START	FINISH	LOCATION
Monday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote
Tuesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote
Wednesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote
Thursday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote
Friday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote
Saturday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote
Sunday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> on campus <input type="checkbox"/> remote

This FWA request is for a temporary period of time, three (3) months or less. Note: Temporary FWA requests of three (3) months or less require approval from the first-level supervisor only. Approved temporary FWA requests that will result in remote work of 20 days or more in a calendar year must be forwarded to Human Resources. Failure to follow this procedure could result in improper payroll tax withholding.

If requesting an off campus remote worksite, please indicate address for remote site. Remote work location MUST be within Ohio.

How will this proposed FWA sustain or enhance your ability to get the job done? (Highlight opportunities to improve cost effectiveness and service quality, where possible)

What potential barriers could occur with the following groups and how would you suggest addressing those barriers?

<b>GROUP</b>	<b>POTENTIAL BARRIERS</b>	<b>HOW TO ADDRESS BARRIERS</b>
External Community		
Students		
Co-Workers		
Others		

The employee and the first-level supervisor will discuss performance barriers as they become apparent and collaborate to implement and revise solutions.

Communication is key to a successful remote work arrangement. The employee and first-level supervisor will communicate with the following channels and expectations (e.g., telephone number xxx-xxx-xxx; answer the telephone during core hours or return call in response to a message within xx business hours):

<b>COMMUNICATION CHANNEL</b>	<b>EXPECTATION</b>
<input type="checkbox"/> See attachment for additional communication channels and expectations.	

This arrangement will be most successful if we: (list opportunities for enhanced communication and management of work)

What work assignments will be performed outside of standard office hours or at the remote site?

**The following questions apply to a Flexible Workplace (Remote) request only:**

Employees who work off campus are expected to furnish a safe, adequate workspace for themselves with all necessary equipment and supplies except as specified below to be provided by The University of Akron. All equipment supplied by The University of Akron must be returned to The University of Akron when the FWA or employment ends.

Equipment Supplied by The University of Akron	Description and Identifying Numbers
<input type="checkbox"/> Computer	
<input type="checkbox"/> Computer Peripherals (specify, if any):	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Mobile communication device	
<input type="checkbox"/> Small office equipment (specify, if any):	
<input type="checkbox"/> Employee may pick up consumable office supplies (paper, pens, staples, paper clips, folders, etc.) from:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> See attached page for additional equipment supplied by UA.	

What will be done to ensure the security of the equipment, supplies, data and furniture?

What records will the employee keep off campus and how will they be secured?

Regular or recurring tasks, meetings, etc. that will require the employee to work on campus:

<input type="checkbox"/> See attachment for additional on campus work requirements.

The first-level supervisor may require the employee to report to work on campus for additional meetings or tasks to support the department’s business needs.

The employee may be required to report to work on campus if productivity is interrupted at the remote work location due to a power outage, loss of internet connectivity or communication, or other disruptions.

**EMPLOYEE SIGNATURE**

I acknowledge that I have reviewed and satisfied all safety requirements contained in the safety checklist located [here](#).

I have read and understand the Flexible Work Arrangement Policy and agree to the terms and conditions set forth by this agreement, FWA Policy and all rules, policies and procedures incorporated by reference including but not limited to the [Access and Acceptable Use of University Computer and Informational Resources](#). I understand that it is my responsibility to make my flexible work arrangement a success and that The University of Akron has the right to discontinue this arrangement at any time.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Employees: Please complete all highlighted fields in the pages above. Once complete, send to your first-level supervisor for approval. Your first-level supervisor will then schedule a meeting to review the request.

**SUPERVISOR AUTHORIZATION**

I have reviewed this flexible work arrangement proposal with the employee.

This proposal is:

CHECK	APPROVAL OR DENIAL	DATES	
		BEGIN	END
<input type="checkbox"/>	Approved for Implementation		
<input type="checkbox"/>	Approved for Renewal		
<input type="checkbox"/>	Denied		

If the proposal is denied, identify the business reasons that support the denial and return the form to the employee:

The employee and the first-level supervisor agree to the following additional terms and conditions of this Agreement.

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**First-Level Supervisor Signature**

**Date**

First-Level Supervisors: After review of the employee request, please schedule a meeting with the employee to discuss.

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**Second-Level Supervisor Signature**

**Date**

Second-Level Supervisor Approval

Second-Level Supervisor Denial

**Recordkeeping:**

This original Agreement shall be maintained in the department. A copy shall be provided to the employee and Human Resources at [LaborRelations@uakron.edu](mailto:LaborRelations@uakron.edu)