

WorkFlex Request Form

The university supports flexible work arrangements when it is in the best interests of the university and the employee's unit/department/college. Submission of a WorkFlex Request Form does not guarantee that such request will be granted. The WorkFlex program creates no employee rights in relation to flexible work arrangements. This form must be completed in full and submitted to request a flexible work arrangement within your unit.

Employee Name: _____

Employee ID: _____

Department: _____

Type of flexible arrangement being requested:

Click on drop down and select WorkFlex type.

Current work schedule:

Click or tap here to enter text.

Plan for how to accomplish current duties:

Click or tap here to enter text.

How it will help the university to fulfill its mission and the department to meet its customer commitments/goals:

Click or tap here to enter text.

Impact on coworkers:

Click or tap here to enter text.

Impact on internal/external customers:

Click or tap here to enter text.

Plan for collaboration and communication:

Click or tap here to enter text.

Proposed Start Date: _____

Proposed Schedule:

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Proposed End/Renewal Date: _____

Note: This request will be periodically reviewed.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Employee ID: _____

DRAFT - Not to be used for submission of a Request