



TO:

FROM:

RE: Approval for a Flexible Work Arrangement

DATE:

Your request for a Flexible Work Arrangement

\_\_\_\_\_ has been approved as requested and is described below.

\_\_\_\_\_ has been approved with modifications described below.

\_\_\_\_\_ has been denied due to

Your schedule, including its duration is.

Your job responsibilities will

\_\_\_\_\_ remain the same.

\_\_\_\_\_ be modified as described here

The Department is granting your request based upon the following conditions.

1. Approval is granted at the sole discretion of the University. The University may rescind or continue the Arrangement at its discretion.
2. In the event that the University needs to terminate the schedule, you will be provided with a four week written notice; provided, however, that in the event of a work place emergency the Arrangement will be suspended immediately.
3. Your being able to return to your original work schedule is at the discretion of the University unless addressed within this document.
4. The Arrangement cannot interfere with job responsibilities of your supervisor, fellow employees, or customers, or adversely affect the ability of other University employees to perform their work.
5. Your work duties are to be carried out at the expected performance standard.
6. The schedule must be followed as agreed upon.

7. Personal leave (vacation, sick and holiday leaves) shall be earned and applied in the same manner as prior to the Arrangement, subject to applicable University policies.
8. If an official University holiday falls on the day you are not scheduled to work, you are not eligible for holiday pay unless you are a contract covered staff member and the policy is outlined in the contract.
9. All relevant and appropriate University policies and procedures remain as prior to the implementation of the Arrangement.

The above approved schedule will begin on \_\_\_\_\_ and will be reviewed by you and your supervisor or other University representative on or about \_\_\_\_\_ or more often if so desired by you or your supervisor or other University representative. Your signature is required below for the Arrangement to be finalized and initiated.

Your work obligations and responsibilities, and terms and conditions of employment with the University remain unchanged, except those specifically addressed within this document.

I have read and understand the conditions under which my request is being approved. By signing below, I agree to be bound by its terms and conditions.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

Arrangement request is approved by

\_\_\_\_\_  
(Individual) of (Department/Unit)

\_\_\_\_\_  
Date