

The Flexible Work Arrangement Application is used to define and document the details of a proposed or existing arrangement, including specifics about how, where and when work will be performed. Please download and save a copy of this form prior to completing. The supervisor recommends approval or denial of a request for a flexwork plan based on the unit's operational needs. If the request involves a health or medical issue or a disability accommodation, then please contact human resources. Note: This form is not to be used for faculty, volunteers or student workers who are ineligible for consideration under the program.

### SECTION 1: ACKNOWLEDGEMENTS

I acknowledge that I have read and understood the [Guidelines for Successful Flexible Work Arrangements](#).

### SECTION 2: STAFF INFORMATION

Staff Colleague Name:	SU ID #:
Title:	Division/College/School:
Department:	Exempt/Non-Exempt:
Supervisor Name:	Dean/Division Leader:

### SECTION 3: PLAN TYPE

Proposed Plan       Existing Plan Recertification

#### Type of Flexwork Option Requested (select all that apply)

- Hybrid Work Schedule (preapproved number of workdays off-campus)
- Flexible Work Hours (outside standard 8AM-4:30PM)
- Compressed Workweek Hours (e.g., 4-day week) *Supervisor must notify Payroll upon being notified of final approval*
- Reduced Workweek Hours (less than 37.5 hours) *Pay and benefits impacted. [Complete Wage Change Form](#)*
- Fully Remote in (state): \_\_\_\_\_ *If Out-of-State, you must work with your supervisor for possible options.*
- No Flexwork Plan

### SECTION 4: PROPOSED WORK SCHEDULE

\* This information will also be used for transportation, public safety reporting and facilities occupancy.

Days	Start Time	End time	Total Hours Per Day	Work Location (e.g., Campus, Home, Other)
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

## SECTION 5: WORK RESPONSIBILITIES DETAILS

Describe how you will maintain, or enhance, your ability to meet the responsibilities of the position you hold while continuing to support the mission, student needs, and the needs of your college/division/school. Your proposal should address the potential impact on teammates, customers, and other stakeholders.

### **Complete the following only if you are using Hybrid or Remote Work Arrangements**

Please describe job responsibilities that must be completed on campus (including day(s), work hours, and location), if any, and which job responsibilities can be completed remotely (at home).

Please note any additional considerations not mentioned above.

## SECTION 6: SIGNATURES

Flexible work arrangements are subject to ongoing periodic review and may be terminated based on performance concerns, organizational needs, team structural changes, etc. The staff colleague or supervisor should give at least 30 days' notice in advance of ending or changing a plan, business needs permitting.

In some situations, such as when a staff colleague changes from full-time to a part-time schedule, it may not be possible to return to the original schedule and alternatives may need to be considered.

***Before signing, please save a copy of this completed form for future recertifications.***

### **Staff Colleague**

I have discussed workplace flexibility options with my supervisor, and our conversations are accurately reflected in the above sections of the form. I understand that my completion of the form does not guarantee that my proposal will be approved. I understand that a flexible work arrangement is not appropriate for every role. I understand that remote working can be terminated at any time by Seattle University or by me.

I understand that my supervisor and next level leaders will be reviewing my application to determine if a flexible work arrangement enables my college/school/division to deliver excellent service to students and the community, enable SU to attract and retain a talented and diverse workforce, and further SU's sustainability goals.

Staff Colleague Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Direct Supervisor**

I have discussed the possibility of flexible work arrangements with the above-mentioned staff colleague, and our conversations are accurately reflected in this application.

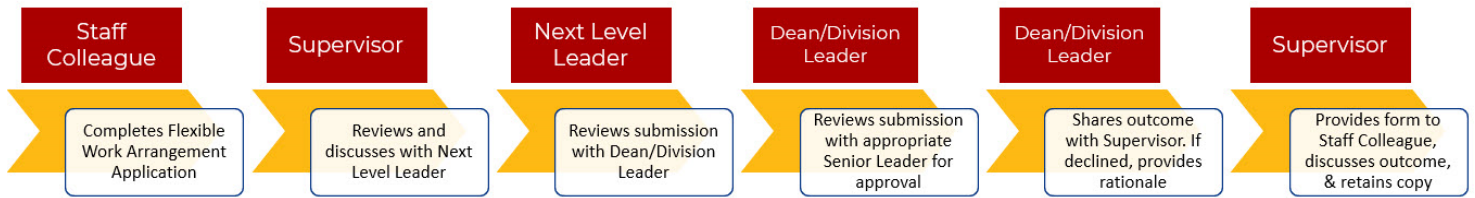
This employee is  a suitable candidate or  not a suitable candidate for flexible work arrangements based on job responsibilities and performance in their current position.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor SU ID #: \_\_\_\_\_

Next Review Date: \_\_\_\_\_

**SECTION 7: APPLICATION DECISION & SENIOR LEADER SIGNATURE**



*Note: Information from this form is transcribed to a summary spreadsheet managed by the Flexwork Coordinator.*

The above Flexible Work Arrangement is  APPROVED  NOT APPROVED or  REQUIRES MODIFICATION for the staff colleague based on job responsibilities and performance in their current position.

If not approved or needs modification, please explain:

Senior Leader Signature: \_\_\_\_\_

Date: \_\_\_\_\_