

Originally Issued: October 10, 2023

**Flexible Work Arrangement (FWA) Request and Agreement**

**Instructions: Supervisors and employee should work together to identify feasible flexible work arrangement options.** FWA approval is for a minimum of one week and a maximum of one month but is eligible for renewal after review.

**Employee Name:** Click here to enter text. **Employee ID:** Click here to enter text.

**Job Title:** Click here to enter text.

**Supervisor Name:** Click here to enter text.

**Reason for Request:** Click here to enter text.

### Based on the *Flexible Work Arrangement Policy* and discussion with your supervisor, enter the work locations available to your position.

On-Site  Off-Site

**Requested Off-Site Work Location:** Click here to enter text.

**Requested Employee Work Schedule (Days/Times):** Click here to enter text.

By signing, we acknowledge that we have reviewed and discussed the information above.

Signature of Employee: Date:

Signature of Supervisor: Date:

FINAL APPROVAL

Approved Work Schedule: Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Effective Date: From Click here to enter text. **to** Click here to enter text.

Approved  Denied

Supervisor Date

Approved  Denied

Vice President Date