



Originally Issued: October 10, 2023
Reviewed: January 6, 2025

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:

Employee ID:

Job Title:

Supervisor Name:

Reason for Request:

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:

Requested Employee Work Schedule (Days/Times):

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

To

Approved Denied

Supervisor

Date

Approved Denied

Vice President

Date