

Request Form and Agreement Flexible Work Arrangements

I. Employee Information

Last Name:

First Name:

Email:

Phone:

Job Title:

Department:

Supervisor:

Choose one:

Choose one:

Faculty

Staff

Exempt / Salaried

Non-exempt / Hourly

II. Arrangement Request (forward to immediate supervisor after completion)

Type of Flexible Work Arrangement Requested (choose one or both):

Flex-time

Flex-place

Address:

Begin Date:

End Date:

Ongoing

Why are you requesting this arrangement?

What arrangement and schedule are you proposing?

Describe your plan for meeting the responsibilities of your position in the arrangement requested:

Employee Authorization: I have read and understand Lafayette College's Flexible Work Guidelines and Procedures and agree to the terms and conditions set forth by this arrangement. I understand that it is my responsibility to make my flexible work arrangement a success and that both Lafayette College (the College) and I have the right to discontinue this arrangement at any time, while making every effort to provide at least 30 days prior written notice.

Employee signature:

Date:

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III. Supervisor Review, Expectations/Requirements, and Authorization

- Describe specifically and objectively how performance will be measured and verified under this flexible work arrangement:

- This arrangement will be most successful if (list opportunities/expectations for enhanced communication and management of work, including any applicable metrics and/or instructions):

- **PLAN/FOLLOW UP TO ASSESS THE SUCCESS OF** the execution of **THIS** arrangement (include dates/timing of check-ins):

APPROVED - please list below any special conditions or instructions:

Important Note: The Office of Human Resources and the Payroll Office must be notified of any employee who is, or will be, working permanently or temporarily from another state or country.

DENIED - please provide an explanation for the denial to the employee:

Supervisor signature:

Date:

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IV. Flexible Work Agreement (Supervisor to keep on file)

The decision to approve this agreement is made at the university's discretion.

This Agreement begins on _____ and continues until _____ Indefinite/Ongoing

Flex-Schedule for this Agreement:

All of the employee's obligations, responsibilities, and terms and conditions of employment with the College remain unchanged, except those specifically changed by this agreement. This agreement can only be changed by written agreement. Any change that is not in writing is not enforceable.

Flexible work arrangements are subject to ongoing review. The College may terminate this agreement at any time. The College is not responsible for any costs incurred by the employee resulting from termination of this agreement. The College's failure or delay in enforcing any requirement of this agreement is not a waiver of that requirement or any other, and such requirement may be enforced at any time.

By signing below, I acknowledge that I received a copy of, read, understand, the College's Flexible Work Guidelines & Procedures and this Flexible Work Arrangement and Agreement, and agree to abide by all requirements herein.

Applicable to flex-place arrangements: I agree to furnish and maintain my remote worksite in a safe manner, employ appropriate security and confidentiality measures for College files and information, and comply with all other policies of the College. I agree to allow the College to inspect my designated flex-place (home/remote) at mutually agreed-upon times to ensure that safe working conditions exist. I agree further to provide access to my work site by any agent of the College to conduct post-accident or other investigations.

Employee Signature:

Date:

Supervisor Signature:

Date:

***Division Head, Provost, Athletic Director, or Designee Signature:**

_____ **Date:** _____

****Human Resources or Provost's Office Signature:**

_____ **Date:** _____

**Division Head signature is required only in situations of appeal or when Division Head is the immediate supervisor*

***Human Resources or Provost's Office signature is required only in situations of appeal*

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V. Check-Ins and Renewals (every 3 to 6 months):

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature:

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature:

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature:

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature:

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature:

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature:

Date Reviewed:

Approval to continue: **Yes** **No**

Next Date of Review:

Supervisor Signature:

Employee Signature: