

FLEXIBLE WORK ARRANGEMENT FORM

The purpose of this form is to document a Flexible Work Arrangement (FWA). It includes the type of FWA(s) and a variety of considerations that need to be accounted for.

Name:	EID:
Job Title:	Department:
Exempt Non-Exempt	Effective date(s) of arrangement:
This is a request for an ADA accommodation* Yes No	

*Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the [Office of Inclusion and Equity](#). Their office can be reached at 512-471-1849 or equity@utexas.edu.

What **type of worker** are you?

- On-Campus
- Hybrid Worker
- Local Telework
- Remote Campus Work
- Texas Telework
- Remote Telework*
- International Telework*
- International Work*

*Requires additional approval from central offices. Please work with your HR person to facilitate approval.

What type of **FWA** are you requesting?

- Flextime (hours flexed on a regular basis)
- Occasional Flextime
- Reduced Hours/Part Time
- Compressed Work Week
- Telework
- Job sharing

Requested Schedule:

	CURRENT WORK HOURS	PROPOSED WORK HOURS	PROPOSED WORK LOCATION
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

If working reduced hours, describe how the business needs will continue to be met.

Describe how communication (i.e., meetings, email, answering phone calls, voicemail, long distance business telephone calls, etc.) will be coordinated with coworkers, supervisor, colleagues, customers, etc. See [Creating an FWA Communication Plan](#) and [Tools and Resources for Teleworking](#) for more information.

Describe how and when this arrangement will be evaluated.

**For teleworking requests, please complete the items below noted by an asterisk.
(Not required for proposals not including telework.)**

*List remote workplace location(s) (street address, city, state, and zip code)

*Indicate specific and/or various types of assignments to be performed by employee at the remote work location. Attach, or include, a job description.

*List university equipment and software that will be used by the employee in the remote workplace location and will be returned to the university when this flexible work arrangement ends.

*Describe how additional needs for equipment and supplies will be handled (Communication Device Allowance, reimbursement, no university support).

*Describe elements of the job that cannot be completed off-site and how they will be handled.

*Describe how information security and privacy requirements will be met.

*Describe how university equipment will be maintained.

*The Employee is prohibited from doing the following tasks while teleworking (e.g., printing and storing [Category 1 data](#) at home, saving confidential information on a personal computing device, etc.).

I have read and understand the above arrangement and certify that I have read and agreed to the UT Expectations for Flexible Work Arrangement document. I understand that my failure to adhere to the expectations may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of this flexible work arrangement.

Employee Signature

Date

This proposal is approved

This proposal is denied at this time

Manager Signature

Date

*CSUs may have additional required approvals. Please consult with your departmental HR person.

Optional Signature

Date
