

120 Inner Campus Dr., Stop G2500 • Austin, TX 78712-1252 • (512) 471-3285 • FAX (512) 232-1045

## College of Natural Sciences Flexible Work Arrangement Request Proposal

(1-2 days per week remote)

**INSTRUCTIONS:** This form is used to request approval to establish a desired flexible work arrangement (FWA). The form is initiated by the employee and routed through the appropriate level of management for consideration. If there is agreement to the new work arrangement, the employee will be asked to sign an FWA Agreement which will outline expectations and requirements of both parties.

Name:	EID:
Job Title:	Supervisor:
Department:	Effective Date of Change:
must first be reviewed and approved by	work schedule as part of the Americans with Disabilities Act y an ADA Coordinator in the Office of Inclusion and Equity n.utexas.edu or 512-471-7107
I would like to work remotely 1-2 of	days per week
<ul> <li>Days to work remotely are:</li> </ul>	:
<ul> <li>My hours of availability wil</li> </ul>	l be:
Note: A "remote work day" will be defined a	s working 2 or more hours off campus on a regular basis
What (if any) aspects of the work are	erson? What duties are capable of being performed remotely? impacted by remote work, and how might you address them? ipate remote work might have on your optimal performance

## **COLLEGE OF NATURAL SCIENCES** Dean's Office



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supervisor, colleagues, customers, etc. while working remotely. Indicate whether you are committed to being
available by email, phone, Zoom/Teams during your work hours and how, if applicable to the job, you will
compensate for ad hoc communication that occurs in person in hallways, office drop-ins, and otherwise.
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ist any university equipment and/or software that will be needed for use in the remote location that
do not currently have, and/or tools you will use to be effective in having hybrid work settings.
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Employees are prohibited from printing and storing Category 1 data at home or saving confidential
Employees are prohibited from printing and storing Category 1 data at home or saving confidential information on a personal computing device. How will you ensure that you are in compliance with JT's information security and privacy requirements while working remotely?
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**Acknowledgement and Signature Approvals:** I have read the CNS guidelines related to Flexible Work Arrangements and understand supervisor approval is required for my request.

Employee Name	Date
Employee Signature	
Supervisor	
Request Approved Request No	t Approved
Signature	Date

Forward a signed copy to your department's HR representative for retention in the employee's personnel file.