COLLEGE OF NATURAL SCIENCES Dean's Office



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

(3-5 days per week remote, residence in the state of Texas)

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	vork schedule as part of the Americans with Disabilities Act an ADA Coordinator in the Office of Inclusion and Equity nutexas.edu or 512-471-7107
I would like to work remotely 3-5 d	lays per week.
Days working remotely:	be:
 What (if any) aspects of the work are in 	rson? What duties are capable of being performed remotely impacted by remote work, and how might you address then pate remote work might have on your optimal performance

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	iipment and/or softwa and/or tools you will			
not currently have		use to be effective	in having hybrid w	ork settings.



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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 N	ot Approved
Signature	Date
Department Chair or Leadership	
Request Approved Request N	ot Approved
Signature	Date

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