



FLEXIBLE WORK ARRANGEMENT PROPOSAL AND AUTHORIZATION FORM

Employee Name:
Supervisor Name:
Job Title:
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Note: Staff must continue to enter time in ADP in accordance with FLSA status.
Department:
Date:

Section 1: Employee’s Flexible Work Arrangement Proposal

If you conclude that you are eligible to submit a proposal, complete this section of the form. Please refer to the Flexible Work Arrangements Policy to learn which arrangements the College supports.

Proposed Schedule:

Current Schedule		Proposed Schedule		
Days	Start and Stop Times	Days	Start and Stop Times	Work Location (Onsite or Offsite)
Sunday		Sunday		
Monday		Monday		
Tuesday		Tuesday		
Wednesday		Wednesday		
Thursday		Thursday		
Friday		Friday		
Saturday		Saturday		
Total Hours:		Total Hours:		

Section 2: Employee Certification and Signature

Employee: *By signing below, I certify the following:*

- *I have read, understand, and agree to the Flexible Work Plan Policy and Procedural Guide, as well as all other College policies.*
- *I am in agreement with the flexible work arrangement I have proposed, but understand that the proposal may be denied or subject to modification at the direction of management.*
- *I understand and agree that my flexible work arrangement will be formally reviewed during the College’s annual performance evaluation process.*
- *I have the supplies and equipment necessary to successfully fulfill my flexible work arrangement.*

- *I understand and agree that my Supervisor, Department Head, Division Vice President, and/or the College's President have the right to alter or discontinue my flexible work arrangement at any time for any reason.*

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Employee's Signature

Date

Section 3: Form Submission and Proposal Review

Please submit this completed form to your Supervisor. Your proposal will be reviewed by your Supervisor. You will be informed as soon as possible as to whether your proposal has been approved or declined.

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Supervisor Only

Section 5: Flexible Work Arrangement Determination

If an Employee's Flexible Work Arrangement Proposal has been declined, the Supervisor will inform the Employee in writing. If the Employee is offered a modified Proposal, the Employee may resubmit the Proposal to the Employee's Supervisor for consideration. If the proposal is approved, this section will be completed by the Supervisor.

Authorization: The Employee's proposed flexible work arrangement is authorized upon the Supervisor's signatures below. The arrangement will be in effect beginning _____, 20__

Supervisor: *I have reviewed the Employee's Flexible Work Arrangement Proposal and recommended it for approval by the Department Head and Division Vice President.*

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Supervisor's Signature

Date

Date

The Supervisor should submit the completed and signed form to HR@mmm.edu.