



# Flexible Work Arrangements Request Form

This form is to be used by exempt and non-exempt employees to request a flexible work schedule (FWS) or an alternate work location (AWL). Agreements are subject to the conditions outlined in System Policy 33.06, System Regulation 33.06.01, and University Procedure [33.06.01.R0.01 Flexible Work Arrangements](#).

**\*\*An incomplete form, missing job description and/or missing signatures will delay the review process.\*\***

## To be Completed by EMPLOYEE

Date of Request:  Department Name:   
Employee Name:  Title:  UIN:

### BENEFIT OF FWA

To Employee:   
To Department:

Proposed Duration and Location → Start Date:  End Date:  Location (Address):

### PROPOSED WORK SCHEDULE

<b>FLSA Status</b>	<input type="checkbox"/> <b>Exempt</b> <input type="checkbox"/> <b>Non-exempt</b> - Actual hours worked must not exceed 40 hours per week unless preapproved by supervisor		
	<b>Hours Worked at Primary Duty Location</b>	<b>Hours Worked at Alternative Work Location</b>	<b>Lunch</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS			

## Terms & Conditions of Participating in the Flexible Work Arrangements Agreement

- Continued participation in an FWA agreement is subject to continued department approval, business and operational needs and employee need.
- The FWA agreement does not modify the "at will" status of any A&M-Commerce non-faculty employee.
- The designated alternative work location is considered an extension of the department's workspace. The employee is expected to follow all Texas A&M University System Policies, Regulations and A&M-Commerce rules (located at <http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/default.aspx>) while at the AWL.
- The employee will submit appropriate documentation requesting sick leave, vacation or other types of leave, as applicable, and in accordance with established policies and procedures.
- The employee may be required to report to the primary work station to attend meetings or attend to other responsibilities regardless of the AWL agreement.
- The AWL and specific work area are subject to periodic review by the supervisor/department/unit head, or designee with reasonable notice to the employee.
- A&M-Commerce equipment to be utilized at the AWL will be listed on an *Inventory of Equipment form* (if applicable), signed and dated by the employee and supervisor.
- All products, documents, reports and data created at the AWL as a result of work-related activities are the property of A&M-Commerce and are subject to the Texas Public Information Act.
- The employee will safeguard all work-related records and files from loss, damage, or unauthorized disclosure and will return all work-related property to the department upon request.

☐ By checking this box, I acknowledge that I have read, understand and accept the terms and conditions of this agreement. Date:   
I further acknowledge that my failure to comply with this agreement may result in termination of the Flexible Work Arrangements agreement and may also result in disciplinary action up to and including immediate termination.

**Questions:** Contact Human Resources (P.) 903-468-8741

*Updated: November 20, 2018*

## To be Completed by SUPERVISOR

Supervisor Name:

Title:

Employee meets eligibility criteria listed in 33.06.01.R0.01 *Flexible Work Arrangements*

- ✓ Regular budgeted employee as defined in 31.01.01 *Compensation Administration*
- ✓ Able to perform duties of job description at FWA

☐ Yes ☐ No

Describe how the employee will communicate with the supervisor and department:

Briefly explain how hours worked will be tracked/recorded, if applicable:

Briefly describe how work performance will be evaluated:

List equipment, remote access or other resources to be provided by A&M-Commerce at AWL.

☐ Job Description Attached      **Recommendation** ☐ Approve      ☐ Do Not Approve (return to employee; no further action required)

By signing below, I certify having completed the above information and making the designated recommendation.

Supervisor Signature:

Date:

## HUMAN RESOURCES

Eligible & Approved: ☐ YES ☐ NO

Printed Name:

Signature:  Date:

## Final Review - Approved or not Approved

**Required → Approval #1:** Director/Dept. Head Name:

Signature:  Date:

**Required → Approval #2:** Dean or Asst/Assoc. VP Signature:  Date:

**Required → Approval #3:** VP Signature:  Date: