



FLEXPLACE WORK SCHEDULE REQUEST

Employee Name: _____ Employee #: 700_____

Job Title: _____ Department: _____

NOTE: Employees are expected to work their normal, on-campus, schedule until this request has been approved by all parties & submitted to Human Resources.

I. Describe your current and proposed schedule

Day of the Week	Current Schedule	Proposed Flexible Work Schedule (i.e. work hours 7:30am - 4:30pm)	Proposed Flexplace (i.e. work at home)
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Begin Date: _____ End Date: _____

II. Reason: Please explain the reason for your request. How does this enhance your ability to do your job?

III. Suitability: How will the proposed Flexplace schedule affect the ability of you and your work unit to get the job done? Please note: what extent does your work depend on customers or other staff, requires the presence of a supervisor, how productivity can be measured, the impact on co-workers, and the impact on customer service.

IV. Consideration of Workspace: Please provide a description of your Flexplace workspace and note any additional requirements you may need in relation to equipment, IT support, etc. Provide information about your internet access and explain how you will maintain compliance around ensuring information is accessed via a secure site.

V. Identify the project / performance measurement / deadlines associated with this request:

VI. Identify how and when the employee is expected to be reachable by the manager or other University staff.

Conditions of the Flexplace Arrangement:

- Employees are expected to work their normal, on-campus, schedule until this request has been approved by all parties and submitted to Human Resources.
- The employee must adhere to the approved flexplace work schedule. No changes will be allowed unless approved in advance by the employee's manager.
- This agreement is only effective for the dates noted below.
- The employee shall comply at all times with the University's information security and related policies including any restrictions on removing University records or certain other confidential information the department or University has indicated to the staff member or by means of its policies and procedures shall not be removed from the campus workplace or access via a non-approved secure site. The employee and manager will discuss and include in any approved flexplace arrangement the materials and documents that may not be removed from campus, in addition to those restrictions noted in University policies and procedures applicable to all employees.
- The employee understands that CMU does not provide equipment or office furnishings for the flexplace site. Employees are responsible for all equipment and furnishing in order to efficiently perform the responsibilities of their job at an off-site location. Such needs are identified above.
- The employee agrees to maintain a safe, secure, and ergonomic work environment and to report work-related injuries to employee's manager immediately.
- Employee agrees to report to the employee's manager any incidents of loss, damage or unauthorized access to University property and information immediately.
- If the flexplace arrangement does not meet the operational need of the university at any time or if the employee fails to comply with the approved schedule, such schedule will be discontinued immediately at the discretion of the manager.
- From time to time, it may be necessary for a manager to adjust the employee's flexplace arrangement, in such situations; the manager should provide the employee with adequate notice of the change, whenever possible. However, there may be situation in which advanced notice is not possible.

I understand that a flexplace arrangement is a management tool and the primary consideration is always a business need and approval of a flexplace arrangement is at the sole discretion of the President of the University. It is a privilege, not a right or benefit, and an approved schedule may be discontinued or modified at any time.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Executive Director / VP Signature: _____ Date: _____

Approved: Begin Date: _____ End Date: _____

Declined: Reason _____

President: _____ Date: _____

Submit a signed copy to Human Resources to be maintained in the employee's Personnel File.