

Flexible Work Arrangement Request Form

This request form is for **ongoing flexible work arrangements** as described in Fayetteville Policies and Procedures 412.3 (Flexible Work Arrangements, Including Remote Work).

Temporary, short-term changes to an employee's regular work schedule or occasionally working remotely to adjust for an unplanned, short-notice, or sporadic event can be approved at the department or unit level. Such approvals should be documented, but these types of requests are not required to go through this detailed request form and approval process.

Name:	Employee ID#:
Job Title:	Department:
Email:	Phone Number:
Supervisor's Name:	Supervisor's Email:

What type of flexible work arrangement are you requesting?

- Flexible Work Schedule
- Remote Work

Date you are requesting flexible work arrangement to begin.

If requesting a **flexible work schedule**:

- Describe the specific work schedule being requested (include specific days and hours).

If requesting **remote work**:

- Describe the remote-work arrangement being requested (e.g., fully remote, hybrid schedule).
- List the physical address of the location where you are requesting to perform remote work and explain the nature of the location (e.g., is this your personal residence?).
 - NOTE: Remote work assignments outside the State of Arkansas are generally prohibited for staff positions; for faculty positions, such assignments should only be allowed when required for effective operation of an academic program. In either case, written justification is required.
- Will your existing University computer equipment be used for the remote work, if approved? Will any additional equipment or technology be needed for this remote work arrangement? (See policy regarding responsibility for expenses).
- How will university-owned equipment and data used for remote work be secured and protected as required by university policy?
- Do you have a secure, reliable internet connection that can be used to connect to the University network and to undertake all duties of your position?

Provide any additional information that you would like considered with this request. You may consider addressing the following:

- How will this flexible work arrangement enable you to provide the same or an improved level of service, support, productivity, and quality of work to meet performance goals and position responsibilities?
- Identify any potential issues or barriers to success with this flexible work arrangement and how you will address.
- If you are a supervisor, what affect will this flexible work arrangement have on your ability to provide daily supervision?

Attach additional pages to this request form, as necessary.

This completed request form should be submitted to your direct supervisor. This request will be reviewed through your supervisory chain to consider the appropriateness of the proposed flexible work arrangement. All flexible work arrangement requests are subject to the approval of the Provost or relevant vice chancellor.

If your request is approved, a copy of this request form will be maintained in Workday. Approved requests are subject to periodic review and are subject to modification or termination at any time.

- I have reviewed Fayetteville Policies and Procedures 412.3 (Flexible Work Arrangements, Including Remote Work) prior to submitting this request. I agree to all provisions of the policy and have reviewed and agree to the standard provisions contained in Part II of the form, printed below.***

Employee Signature:
Date Submitted:

Supervisor Review:

- The employee's position is conducive to the flexible work arrangement requested and I recommend approval of this flexible work arrangement based on the position responsibilities and the employee's job performance.
- I recommend approval but with adjustments/conditions as indicated below.
- More information on the proposed work flexible arrangement needed (specify).
- I do not recommend approval of the flexible work arrangement requested.

Comments:
Supervisor Signature:
Date Reviewed:

Other Departmental/Supervisory Chain Reviewers:

Name:
Comments:
Signature:
Date Reviewed:

Attach additional pages to this request form as necessary to document all department reviewers and comments.

Provost or Vice Chancellor Review:

- Approved. (If approved, the employee and direct supervisor will agree on and record a planned start date for the flexible work arrangement).
 - Start Date: _____
- Approved but with adjustments/conditions as indicated below.
- More information on the proposed flexible work arrangement needed (specify)
- Not Approved.

Name:
Comments:
Signature:
Date Reviewed:

Part II: Flexible Work Arrangement Standard Provisions

This attachment specifies certain conditions applicable to all flexible work arrangements. The employee agrees that the following apply as a condition of participating in such an arrangement:

1. The employee's duties, obligations, responsibilities, and conditions of employment with the University remain unchanged except those obligations and responsibilities specifically addressed in the approved remote work arrangement. Job responsibilities, standards of performance, and performance appraisals remain the same as they would be if the employee were working at the regular University work site or during standard working hours. All University policies continue to apply.

2. Requests to work overtime, use annual, sick, or other leave must be approved by the employee's supervisor. The employee agrees to remain accessible during designated work hours and to attend meetings at the department's primary work location if requested, and understands that the department or other administrative unit retains the right to modify this agreement on a temporary basis as a result of business necessity. During the approved hours of work, the employee shall not work at other jobs, run businesses, or engage in other activities that would otherwise result in the employee being required to take leave, such as serving as caregiver for others.

3. The supervisor retains the ability to assign work as necessary at any work site. Income and payroll taxes for employees will generally be withheld based on where the employee is physically located when performing the work.

4. Regarding equipment, supplies, and other University resources, as well as University data, the employee agrees as follows:

a. The employee agrees to use University-owned equipment, supplies, and data for purposes of University business only and to protect them against accidental access, use, modification, destruction, or disclosure. The employee agrees to report to the supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity. The employee understands that all equipment, supplies, and data provided by the University shall remain the property of the University.

b. Equipment, supplies, and data, and other resources such as software and furniture, provided by the University for use at a remote location, remain the property of the University and will be returned within three business days should the flexible work arrangement be terminated.

c. The employee is responsible for the safety and security of any University-supplied equipment, data, and supplies at the remote work location. This includes maintaining data security and confidentiality as required when working at the regular University work site. The employee may not duplicate University-owned software and will adhere to the manufacturer(s) licensing agreement(s). Employees are personally liable for missing or damaged equipment.

d. The employee agrees to maintain a safe and secure work environment. The employee agrees to report any work-related injuries to the supervisor without delay. Work meetings will not be conducted at the remote work location unless approved by the supervisor. The employee agrees that the University is not responsible for injury to others at the alternate work site.

These provisions are intended to complement Fayetteville Policies and Procedures 412.3 as updated from time to time. I hereby affirm by my signature that I have read the policy as well as these provisions, and understand and agree to both the policy and these provisions.

Employee Signature

Date