



Flexible Work Arrangement (FWA) Request Form

This form and the related guidelines must be used by employees for requesting a Flexible Work Arrangement. Guidelines for employees and supervisors when requesting and deciding on an FWA can be found at the following link: <https://hr.wayne.edu/tcw/other-benefits/flextime>

All flexible work arrangements are governed by Michigan law, regardless of the employee’s physical work location.

To be Completed by the Employee:

Employee Name (Last, First) Please print	Banner ID	Access ID	Position Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School/College/Division	Department	Immediate Supervisor	Cell Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Remote Work Street Address (if applicable):	City	State/Zip	Home Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Flexible Work Arrangement(s) Requested:

Remote Work Flex Time Alternative Schedule Compressed Workweek

Reason for Flexible Work Arrangement Request (Please include all details necessary for a comprehensive review and consideration by your Supervisor):

Duration of FWA: Start Date: _____ End Date: _____
(Initial duration not to exceed Pilot end date of March 6, 2022)

Renewal of FWA: Start Date: _____ End Date: _____
(Renewals during the Pilot not to exceed the Pilot end date of March 6, 2022)

Proposed Work Hours/Days: (For Flex Time, Alternative, or Compressed Schedules) _____ am _____ pm

M T W TH F SAT SUN

Remote Workdays: M T W TH F SAT SUN

Weekly Bi-Weekly Monthly Other

Equipment Needed for Remote Work:

Is the Employee using University Equipment for Remote Work? Yes No

Description(s): **Condition(s):** New Used

Serial Number(s):

Is the Employee Using Personal Equipment For Remote Work? Yes No



If so, what type of equipment:

Is this equipment adequate for completing required work? Yes No

If no, please explain resolution necessary:

Employee Acknowledgement: I acknowledge the terms of this FWA and I have reviewed the FWA Guidelines and General Information. I understand that approval of my FWA request does not create an employment contract. To the extent that I am at-will employee, my employment remains at-will, regardless of whether my request for an FWA is approved or denied.

To the extent that the language herein conflicts with any applicable collective bargaining agreement provisions pertaining to flexible work arrangements, the collective bargaining agreement shall control.

I also understand and agree that I may be liable for property damages while University-owned equipment is in my possession to allow me to telework. I agree to utilize network security software to access University networks and systems/files. I understand that this FWA may be discontinued or modified at any time by me or my supervisor with a minimum of 10 work days' notice.

I acknowledge that my employment and any flexible work arrangement that my supervisor approves are governed by Michigan law.

Employee Signature

Date

To Be Completed by Supervisor:

Supervision (Please describe how the employee’s work will be managed during the FWA. Describe specific expectations, expected challenges, assignments, deadlines, and requirements for duties and responsibilities, training, or use of technology to work remotely):

Request Decision: Approved Denied

Supervisor’s Reason for Approval/Denial of FWA Request:

Supervisor Signature

Date