

Flexible Work Option Agreement Form

Adopted 08/17/2020

Employee Name: _____	Email: _____
Mobile/Home Phone: _____	Job Title: _____
Department: _____	Supervisor: _____

Flexible Work Arrangement requested:

Work Arrangement Requested	Additional Information Required
Flexible Work Schedule	<i>Outline current & proposed schedule in table below</i>
Compressed Work Week	<i>Outline current & proposed schedule in table below</i>
Reduced Hours	<i>Outline current & proposed schedule in table below</i>
Remote Work Arrangement*	<i>Must also complete Remote Work Agreement</i>
Proposed Start/End (if applicable) dates:	

	Current Schedule	Proposed Schedule	Remotely?*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

DESCRIBE WHY YOU ARE REQUESTING THE PROPOSED SCHEDULE:

DESCRIBE YOUR PLAN FOR MEETING THE RESPONSIBILITIES OF YOUR POSITION:

EMPLOYEE AUTHORIZATION

By signing below, I acknowledge that I received a copy of, read, and understand the Flexible Work Options guidelines and agree to abide by all provisions therein. I agree that, among other requirements, I am responsible for maintaining the hours specified in this agreement, observing wage and hour provisions as they apply, and I understand that Wittenberg University has the right to discontinue this arrangement at any time. I understand that approval to utilize a flexible work option does not exempt me from employment actions including, but not limited to, reorganization, restructure, layoff, furlough, reduced work hours, reduced pay, termination, and disciplinary action.

Employee Name	Employee Signature	Date
Supervisor Name	Supervisor Signature	Date
Area Senior Staff Member Name	Area Senior Staff Member Signature	Date

Date Received by HR	Received by (HR rep)	Reviewed Payroll codes?	Notes/Comments