

Staff Flexible Work Arrangement (“FWA”) Request Form

(After discussion with supervisor, the staff member submits Request Form to both supervisor and next level supervisor for approval, and then it is forwarded to Human Resources; attach a separate sheet to expand on any answers)

Name: _____ Email: _____

Position: _____ Extension: _____ Department/Division: _____

Supervisor: _____ Extension: _____ Date Submitted to HR: _____

Please complete the questions below, questions 1-5 for Flex Time and questions 1-6 for Telecommuting.

1.	<p>Identify the requested FWA as <u>Flextime</u> or <u>Telecommuting</u> and describe the requested changes:</p> <p>When do you propose the FWA to begin and how long do you expect the FWA to last?</p>
2.	<p>Your <u>current</u> work hours: ____ work locations: _____ meal times: _____</p> <p>Your <u>proposed</u> work hours: ____ work locations: _____ meal times: _____</p>
3.	<p>Briefly describe your job including functions performed daily or regularly and any responsibilities or activities that require your participation.</p>
4.	<p>Describe how you will fulfill the requirements of your job and maintain the required level of service under the proposed FWA.</p> <p>Describe the core time periods for your work and how you will cover those periods.</p>
5.	<p>Describe how and when you and your supervisor will monitor, review and measure the effects of your FWA. Please note dates of 3 month, semi-annual and/or annual review of FWA.</p>
6.	<p><u>For Telecommuting FWAs</u> :(a) Where is the telecommuting location? Will that location be the same for all times worked away from the office? If not, please explain.</p> <p>(b) What communication equipment (computers, telephones, internet access, other) will you be using to perform your work while telecommuting?</p> <p>(c) Have you ensured through College’s Information Technology Department that you have the required data protection as required by the College?</p> <p>(d) Describe documents and materials that may not be removed from campus.</p>

I understand that this request will be considered and approved at the discretion of my supervisor and Human Resources, and that any Flexible Work Arrangement, proposed or approved, is a privilege and not a right, does not change my basic employment status with the organization, is subject to ongoing review and may be terminated at any time for any reason. I understand that if my FWA needs to change or end, due to my request or that of my supervisor, I will endeavor to give reasonable notice (2 or 3 weeks) whenever possible and will expect my supervisor to endeavor to do the same.

Approved flexible work arrangements shall be established with a start date and end date, but may be modified or revoked at any time as the needs of the College, the division, department, school or the employee change. The College reserves the right to approve, deny, or revoke a flexible work arrangement at any time, and for any reason. The approved flexible work arrangement does not alter the at-will nature of my employment at the College.

I understand that to continue my FWA certain conditions must be met including:

- The arrangement continues to meet the operational needs of the department.
- My performance is at the expected level including the quantity and quality of my work.
- My attendance is acceptable.
- I adhere to the arranged FWA and do not make changes without my supervisor's advanced approval.
- I follow all laws, regulations, policies and practices that are the responsibility of an employee of Hampshire College.

I understand that this FWA will have an initial review period after the first 1-3 months, followed by a semi-annual or annual review, as arranged by my supervisor.

I agree that I need to be accessible by colleagues and staff during regular business hours or my core hours, as established by my FWA with my supervisor

I may be asked to log in and/or out for my work day and I may be asked to give a regular account of my work accomplished.

If I am a **full-time, non-exempt staff member** I agree I will not work in excess of 35 hours each week, except with the prior written authorization of my supervisor. I will not ask for and will not receive time off in lieu of overtime pay, should I work overtime. I agree to take my one-hour meal period during my work day unless I make an arrangement otherwise with my supervisor and Human Resources.

I understand that employees approved for a FWA must be present at his or her office during any required staff meetings or trainings, or for other similar events or occurrences identified in advance by the supervisor.

While my supervisor(s) will endeavor to provide reasonable notice (of at least one week, preferably two) when I need to attend special meetings, trainings, or other events, it will be my responsibility to know what is required, to track meeting changes on my appointment calendar and via email, and make appropriate arrangements to attend.

I am responsible for providing my own home computer and any necessary technology such as a broadband internet connection. I will comply at all times with the College's information security and related policies including restrictions on accessing College records or student education records containing personal information from the campus workplace, the use of encryption programs and firewalls and secure internet connections for computers and other devices used by the staff member at a remote locations, as may be directed by the College's Information Technology Department. I understand that the College is not responsible for any security breach or unauthorized access (such as hacking) of my computer.

I agree to follow all policies and practices related to safeguarding and removal of any College documents and records, especially those containing confidential information.

If participating in a telecommuting arrangement, I agree to maintain a safe work space, free of hazards, within the designated remote work location and immediately report any injuries related to my work for the College occurring at said remote work location. I agree and accept that I am responsible for injuries to third parties or to members of my family should they occur at a remote work location.

If I am participating in a telecommuting arrangement, I will not hold college meetings, nor invite or meet with any students, co-workers, clients, vendors or others, at my offsite location for college business.

I understand that if the supervisor and next level supervisor and I working with Human Resources cannot resolve disagreements about the FWA, including permission to have an FWA or the decision to end the FWA, I may request a review by the Division Head, or if the Division Head is the next level supervisor, by the

Associate Vice President for Human Resources, whose decision shall be final and not subject to the Grievance Procedure.

I have read and fully understand and agree to the conditions for a FWA as stated in the "Staff Flexible Work Arrangements Policy" and "Procedures and Guidelines for Staff Flexible Work Arrangements", and as listed and described in this "FWA Request Form for a Flexible Work Arrangement."

Staff member (*please print*) Signature Date

Supervisor (*please print*) Signature Date

Supervisor Decision: _____Approved _____Not Approved

Comments:

Next Level Supervisor (*please print*) Signature Date

Next Level Supervisor Decision: _____Approved _____Not Approved

Comments:

Human Resources Department (*please print*) Signature Date

Human Resources Decision: _____Approved _____Not Approved

Comments:

For HR use:

Attach changes to this FWA with this document when received.