

Flexible Work Arrangement (FWA) Request Form

Name:

Title:

FLSA Classification (check one):

Non-exempt (hourly)

Exempt (salaried)

Division/College:

Manager:

Start Date:

End Date*:

*Agreements must be renewed annual

Type of FWA (Check all that apply):

Flexible Hours

Partial Remote

Fully Remote

Alternate Work Week

Reduction in Hours

Compressed Work Week

Other

Note: In the case of a reduction in standard work hours, it is the requesting employee's responsibility to research the implications to your salary and benefits before entering the FWA.

Current and Proposed Work Schedule (Please indicate location if it is not on campus):

Current Work Schedule

Proposed Work Schedule

Sunday

Sunday

Monday

Monday

Tuesday

Tuesday

Wednesday

Wednesday

Thursday

Thursday

Friday

Friday

Saturday

Saturday

Additional Information for Telecommuting Arrangements (as applicable)

Address of alternate work site:

Telephone number(s) of alternate work site:

Fax number of alternate work site:

Duties and assignments authorized to be performed at this alternate work site are:

The following methods and times of communicating are agreed upon:

Regarding space and equipment purchase, reimbursements, set-up and maintenance, the following is agreed upon:

*The **Flexible Work Arrangement Safety Checklist** should be signed and attached.

*If RIT is providing the employee with technology/equipment, the **Receipt of RIT Property** form should be signed and attached.

Additional Terms of this Flexible Work Arrangement not listed above (as applicable):

I hereby acknowledge that I have read the Flexible Work Arrangement Program and Agreement, which I understand it fully, and I am voluntarily executing the Agreement. I understand that RIT is not obligated to approve a proposal for an FWA for any employee. The decision is at the sole discretion of my manager in consultation with Human Resources. FWAs are subject to ongoing review and positive annual performance evaluations. FWAs may be subject to termination at any time, with or without my consent, for any reason including, but not limited to, performance concerns or business needs.

Employee Signature:

Date:

Manager Signature:

Date:

Additional approval if required by Division/College:

Date:

PLEASE RETURN ALL COMPLETED FWA DOCUMENTATION TO:
Human Resources Manager (hr@rit.edu or hard copy)