



FLEXIBLE WORK ARRANGEMENT FORM

Employee Name: _____

Employee #: _____

Job Title: _____

Exempt (not eligible for overtime)

Non-Exempt (eligible for overtime)

Department: _____

Date Submitted: _____

Flexible Work Arrangement Requested:

Flextime (can be changed at the beginning of the employee's work week)

Voluntary Reduced Work Time (can only be changed at the beginning of the pay cycle)

Compressed Work Week (can be changed at the beginning of the work week)

Indicate your current and proposed schedule with starting and quitting times.

CURRENT SCHEDULE				
Work Schedule				
	Start Time	Meal Break Duration (Circle One)		Quit Time
Sunday		30 min.	60 min.	
Monday		30 min.	60 min.	
Tuesday		30 min.	60 min.	
Wednesday		30 min.	60 min.	
Thursday		30 min.	60 min.	
Friday		30 min.	60 min.	
Saturday		30 min.	60 min.	
Total Hours Worked:				

PROPOSED FLEXIBLE WORK SCHEDULE				
Work Schedule				
	Start Time	Meal Break Duration (Circle One)		Quit Time
Sunday		30 min.	60 min.	
Monday		30 min.	60 min.	
Tuesday		30 min.	60 min.	
Wednesday		30 min.	60 min.	
Thursday		30 min.	60 min.	
Friday		30 min.	60 min.	
Saturday		30 min.	60 min.	
Total Hours Worked:				

I have read and understand the flexible work arrangement guidelines and agree to the terms and conditions set forth by this agreement. I understand that it is my responsibility to make my flexible work arrangement a success and that West Virginia University has the right to discontinue or modify this arrangement at any time providing that a 15 calendar day notice is given, if possible.

Employee's Signature: _____

Date: _____

SUPERVISOR AUTHORIZATION

I have reviewed this flexible work arrangement proposal with the employee and the proposal is:

CHECK	APPROVED OR DENIED	
	Approved for Pilot Period from to	Date:
	Approved from to	Date:
	*Approved for Renewal from to	Date:
	Denied	Date:

*Approved for Renewal should be checked if the employee is already on a flexible work arrangement and it is being renewed.

If the request is denied, identify the business reasons that support the denial.

Supervisor's Name: _____
(Please Print)

Supervisor's Signature: _____ Date: _____

Dean/Director's Name: _____
(Please Print)

Dean/Director's Signature: _____ Date: _____

*Original form will be retained by the department

cc: Employee
Expert Business Office (EBO)
Human Resources - Employee Relations

Note: Whether approved or denied, a copy of the signed form must be given to the employee and a copy sent to Human Resources/Employee Relations, P.O. Box 6640.