

FLEXIBLE WORK REQUEST

Complete this document to begin the flexible work arrangement (FWA) request process. For more information see University of North Dakota's Hybrid Work Arrangement and Alternative Work Schedule procedure.

Employee Information

Employee Name: _____

EMPL ID: _____

Title: _____

Job Code: _____

Dept. Name: _____

Dept. Number: _____

Supervisor: _____

Position Number: _____

FLSA Status: Exempt Non-Exempt

Flexible Work Arrangement (FWA) Requested

Flexible Work Hours Flexible Work Schedule Hybrid Work Location

Describe the FWA you are requesting.

Describe how you will manage and complete your work and how you will communicate with your direct supervisor, the campus community and those in your work group should the FWA be approved.

Signature

I acknowledge this request does not guarantee approval of an FWA.

Employee Signature

Date

I have reviewed this request with the employee and approve deny the request based on the following rationale:

Supervisor Signature

Date

1. If approved, supervisor and employee jointly complete the flexible work arrangement and revise the employee's position description in accordance with the Hybrid Work Arrangement and Alternative Work Schedule procedure.
2. If denied, supervisor routes request to their department/unit head and appropriate division human resources manager.
3. If denied, employee may appeal decision to their appropriate division human resources manager.