

**Part I – To be completed by employee**

This form has been developed for the process of making a request for a Work Flex Schedule under the University's **Work Flexibility Policy (the "Policy")**. Please complete this form and submit it to your supervisor. If approved by your supervisor, your supervisor will submit it to the direct reporting line member of President's Cabinet for consideration. If also approved by the Cabinet member, it will be submitted to HR at [Human.Resources@msj.edu](mailto:Human.Resources@msj.edu) for your employment file. **Any approved Work Flex Schedule Form shall not relieve the employee of any job responsibilities or minimum work hour requirements.** Please review the entire Policy in detail for all Flexible Work Schedule requirements.

Date Submitted: \_\_\_\_\_

CARS ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Non-Exempt	<input type="checkbox"/>
Exempt	<input type="checkbox"/>
Administrative	<input type="checkbox"/>
Faculty	<input type="checkbox"/>

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

Options for a Work Flex Schedule are limited to: (1) flexible work location up to a maximum of one work day each work week totaling a maximum of 8 hours, or (2) a compressed work schedule of the same number of hours each work week in fewer days, with at least a thirty (30) minute break each workday, as described in the Policy, subject to all other criteria outlined in the Policy.

Proposed Work Flex Schedule:

Day	Hours	On Site (x)	Off Site/Remote (x)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

In addition to thoroughly reviewing the considerations listed in the Policy, be sure to consider the following:

- Impact on peers and your relationships with them
- Impact on your PTO
- Communication with your supervisor and team

Describe the reasons for your request for a work flex schedule and how it is in the best interest of the University:

Your coworkers will not absorb any of your assigned job duties as a result of any work flex schedule that may be approved. Describe how you will eliminate any impact to the workload of your coworkers, both in your department/office/school as well as elsewhere on campus, that might result from your proposed work flex schedule:

(If applicable) Describe any additional equipment/expense that your work flex schedule might require:

What review process do you propose for constructive monitoring and improvement of your work flex schedule?

What potential gaps could your work flex schedule raise with external customers, internal customers, students, and others? How will they be handled satisfactorily?

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**Part II – To be completed by employee’s direct supervisor.**

Approving the employee’s work flex schedule request still provides for 2/3 of my staff to be in-person service in my department/school/office during normal business hours every Monday-Friday. Please explain:

Approving the employee’s work flex schedule request is in the best interest of the University. Please explain:

The employee’s work flex schedule request should be denied. Please explain:

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Part III – To be completed by direct line supervisor in President’s Cabinet.**

**Approving the employee’s work flex schedule request is in the best interest of the University. Please explain:**

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**The employee’s work flex schedule request should be denied. Please explain:**

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President’s Cabinet Member: \_\_\_\_\_

Date: \_\_\_\_\_

**Part IV – To be completed by direct line supervisor in President’s Cabinet following President’s Cabinet review.**

- Work flex schedule approved**
- Work flex schedule approved with modifications**
- Work flex schedule denied**

If you modified/declined this request, please describe why:

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**This agreement is subject to reevaluation should any party request a review.**

Beginning Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

President’s Cabinet Member: \_\_\_\_\_

Date: \_\_\_\_\_