**Flexible Work Schedule Agreement Form (Fall 2021)**

This form is to be discussed, completed, and approved by the employee and the employee's supervisor prior to beginning a temporary flexible work schedule.

This form may be completed digitally, signed electronically, and distributed via email.

Once the employee and the appropriate supervisor have agreed to the terms of your flexible work schedule, both should sign the form. Either party must send a copy of the signed form to Human Resources via workforce@uconn.edu.

Required fields are indicated with an asterisk (**\***).

**\***Employee Initiating Request:

**\***Employee’s Supervisor:

**\***Supervisor’s E-Mail Address:

**\***Reason for Request:

**TERMS & CONDITIONS**

*Employees should discuss any questions regarding these terms & conditions with the appropriate supervisor prior to submission.*

1. I, the undersigned employee, understand that my work hours will conform to the schedule outlined below. If unforeseen changes to this schedule arise, I will obtain approval from my supervisor prior to making changes to my work schedule. I will also amend this agreement to reflect these changes.
2. I, the undersigned employee, understand that I am expected to continue to perform the full range of duties assigned and required of my position, including attending regularly scheduled and/or unscheduled meetings as necessary. I understand that flexible schedule days may need to be adjusted in order to accommodate certain meeting requests and/or other work responsibilities at the office.

**\***By signing this form, I acknowledge, understand, and will abide by these terms.

**PROPOSED FLEXIBLE WORK SCHEDULE**

**\***Effective Start Date: **\***Effective End Date: 12/31/21

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Comments |
| Monday |  | to |  |  | to |  |  |
| Tuesday |  | to |  |  | to |  |  |
| Wednesday |  | to |  |  | to |  |  |
| Thursday |  | to |  |  | to |  |  |
| Friday |  | to |  |  | to |  |  |

**ACKNOWLEDGEMENT**

\**By signing this form, I acknowledge, understand, and agree that this flexible schedule is strictly voluntary and may end without cause, by myself or the University. The University reserves the right to modify this arrangement at any time in order to ensure the responsibilities of the department are met.*

Employee Signature (Digital/Typed) Date

Supervisor Signature (Digital/Typed) Date

Manager Outside of Bargaining Unit Signature (Digital/Typed) Date

Signed forms may be sent electronically to workforce@uconn.edu for review.