

The following factors have been taken into consideration with this plan. The following pertains:

- | | | | | | |
|----|---|--------------------------|-----|--------------------------|----|
| 1. | The assignment/location schedules will support the operations of the department. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | The position identified for flexible arrangements is conducive to above-noted schedules. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | A plan has been developed to monitor the work of the employee participating in this work arrangement. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | The employee has been notified that at any time the department may discontinue, temporarily suspend, or alter the schedule.
The arrangement will not generate overtime nor additional staff. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | If no, please describe:
_____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

The work assignment/schedule has been endorsed by the employee's supervisor. Additionally, work duties and all related responsibilities regarding the schedule have been discussed with the employee.

Employee Signature

Date

Supervisor Signature

Date

Required Approval Signatures

This Proposal is approved and forwarded	<input type="checkbox"/> Yes
After reviewing the needs of the department and university and the request of the employee's supervisor and the employee, the request cannot be approved at this time. The proposal is denied at this time.	<input type="checkbox"/> No

Department Head Signature

Date

This Proposal is approved	<input type="checkbox"/> Yes
After reviewing the needs of the department and university and the request of the employee's supervisor and the employee, the request cannot be approved at this time. The proposal is denied at this time.	<input type="checkbox"/> No

Vice President/Division Head Signature

Date