University of New Hampshire  
FLEXIBLE WORKPLACE ARRANGEMENTS PROPOSAL FORM

*Information on this form is confidential and private.*

## Proposal is completed by employee requesting flexible work arrangements

Note: (This version of the form can be fully completed in WORD and then printed for appropriate signatures.)

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| Flexible Work Arrangement Proposal Type (check one only): New Arrangement Proposal Existing Arrangement Modified Arrangement ProposalToday’s Date: Click here to enter a date.Proposal Effective Date or Effective Date of Existing Arrangement: Click here to enter a date. **Name:** Click here to enter text.  **USNH ID:** Click here to enter text.  **Title:** Click here to enter text.  **Department:** Click here to enter text.  **UNH Address:** Click here to enter text.  **UNH Phone:** Click here to enter text.  **UNH Email:** Click here to enter text.  **Supervisor’s Name:**  Click here to enter text. |
| Current Position Status: Full-Time (100%)  Part-Time (75 – 99%)  Part-Time (Less than 75%) **Position Type:**  Non-Exempt (eg. OS)  Exempt (eg. PAT, EE) |
| Type(s) of Flexible Work Arrangement being proposed if new/modified or documenting an existing arrangement: Compressed Work Week Part-Time / Reduced Time\* Partial Work Year\* Flex-year\* Flextime\*\*  Teleworking / Remote Work *(need to review & sign the IT Security Standards form as well):* [*http://www.unh.edu/hr/it-security-standards-teleworking*](http://www.unh.edu/hr/it-security-standards-teleworking)  \*These options decrease the work effort and therefore the percent time (FTE). To retain benefits the FTE must be 75% or greater. A future change back to the former FTE would be dependent upon budget approval.  \*\*Flextime: achieving the same work effort/hours with a change in schedule (for example, staggered start and stop times; variable days; mid-day flex time). See <http://unh.edu/hr/workplace-flexibility-options#flextime> |
| Current Work Schedule (for new or modified proposals):   * Non-Exempt Staff - Please indicate the start and end times for each workday as well as the work location for each day. * Exempt Staff - Please check each day of work\* and indicate work location, e.g. UNH, or address including the state. \*If you’re currently working a compressed work week, please indicate hours.  |  |  |  |  | | --- | --- | --- | --- | |  | **Start/End Times** | **Day** | **Work Location/Address/State** | | **Sunday** | Click here to enter text. |  | Click here to enter text. | | **Monday** | Click here to enter text. |  | Click here to enter text. | | **Tuesday** | Click here to enter text. |  | Click here to enter text. | | **Wednesday** | Click here to enter text. |  | Click here to enter text. | | **Thursday** | Click here to enter text. |  | Click here to enter text. | | **Friday** | Click here to enter text. |  | Click here to enter text. | | **Saturday** | Click here to enter text. |  | Click here to enter text. | |

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| Proposed Work Schedule (for new, existing or modified proposals):   * Non-Exempt Staff - Please indicate the start and end times for each workday as well as the work location for each day. * Exempt Staff - Please check each day of work\* and indicate work location, e.g. UNH, or address including the state.  \*If this proposal is for a compressed work week, please indicate proposed hours.  |  |  |  |  | | --- | --- | --- | --- | |  | **Start/End Times** | **Day** | **Work Location/Address/State** | | **Sunday** | Click here to enter text. |  | Click here to enter text. | | **Monday** | Click here to enter text. |  | Click here to enter text. | | **Tuesday** | Click here to enter text. |  | Click here to enter text. | | **Wednesday** | Click here to enter text. |  | Click here to enter text. | | **Thursday** | Click here to enter text. |  | Click here to enter text. | | **Friday** | Click here to enter text. |  | Click here to enter text. | | **Saturday** | Click here to enter text. |  | Click here to enter text. | |
| **As part of your proposal, please answer the following questions. Please be as specific as possible.** (You may submit a separate attachment addressing responses to these questions if you prefer).   1. Describe the business rationale associated with your proposed flexible work arrangement. Click here to enter text. 2. Describe how you will accomplish your job under the proposal arrangement. Be specific. Click here to enter text. 3. Describe the impact your proposed work arrangement will have on the following groups: clients (external and internal), co‐workers, supervisors, supervisees, UNH, and your department or office (e.g., space, cost, retention, savings and morale). Click here to enter text. 4. Describe the solutions you propose to overcome any challenges presented by this arrangement. Click here to enter text. 5. Explain how client needs will be handled in your absence, if applicable (e.g., backup, buddy system, voicemail). Click here to enter text. 6. Describe how regular communications will be handled. Click here to enter text. |

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| **Flexible Workplace Arrangements Proposal Form – SIGNATURE PAGE** | | |
| **EMPLOYEE SIGNATURE:** I understand that UNH is not obligated to approve a proposal for a flexible work arrangement. The decision is at the discretion of my supervisor and final approval by department Manager/Director, Dean or Designee. Flexible work schedules are subject to ongoing review and may be subject to termination at any time based on performance concerns or business needs. The supervisor or the employee should give at least 30 days’ notice when appropriate in advance of ending or changing an arrangement, business needs permitting. In some instances, a resumption of the original schedule may no longer be possible and alternatives should be identified. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature/Date | Click here to enter a date. | Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name |
| **PROPOSAL FORM PROCESS STEPS FOR IMMEDIATE SUPERVISOR:**  Each unit/area of UNH has two levels of approval in this process - the *immediate supervisor* **AND** *a higher level Manager/Director, Dean or Designee*. If you are unclear who the ‘Final Approver’ is for your organization please check with your BSC.   1. After meeting with employee submitting proposal, enter your recommendation. If approved, provide trial period review date. 2. Forward Proposal for Final Decision to appropriate higher lever Manager/Director, Dean or Designee. 3. When Proposal is returned to you after Final Decision, provide signed copies to:    * Employee    * Department BSC    * HR Partner - for review and posting to employee personnel file  *(please note that scanned & emailed copies to HR are acceptable)* | | |
| **IMMEDIATE SUPERVISOR SIGNATURE:** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature | \_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name |
| **Immediate Supervisor Recommendation:**  R Recommend\* for final review/decision. **TRIAL PERIOD REVIEW DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *All arrangements should be reviewed yearly regardless of review date.*  Denied Proposed Flex Arrangement Request\*\*  \*If proposal involves Teleworking, UNH IT Security Standards form needs to be included with proposal for review and submission by the employee and discussed w/supervisor: <http://www.unh.edu/hr/it-security-standards-teleworking>  \*\*If request is denied, please attach an explanation indicating your business reasons. | | |
| **UNIT/AREA FINAL DECISION SIGNATURE: (After your review and signature – please return form to immediate supervisor)** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager/Director, Dean or Designee  Approve Deny Recommendation | \_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name |
| **HR REVIEW SIGNATURE:** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HR Partner Signature | \_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name |
| **HR Instructions:** *Upon completion of your review, please forward copy with all 3 signatures to HR Operations, 2 Leavitt Lane* | | |