Alternative Work Arrangement Proposal and Agreement

The following is a mutual alternative work schedule agreement between supervisor and employee that allows for the employee's work to be performed other than according to standard work hours as defined by the University of Kansas School of Medicine – Wichita. This alternative work arrangement is supported by the University of Kansas School of Medicine – Wichita provided the agreement continues to support the missions of the department and the University of Kansas School of Medicine - Wichita.

Employee Name:	Date Submitted:
Job Title:	☐ Salaried ☐ Hourly
Department:	Supervisor:

Alternative Work Schedule Requested:

Work Arrangement	Actions
☐ Flextime	Period of Request:
☐ Compressed Work Week	Start Date:
☐ Telecommuting	End Date:

Indicate your current and proposed schedule:

Current Schedule			Proposed Alternative Work Schedule		
Days	Hours 1st Week	2nd Week	Days	Hours 1st Week	2nd Week
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Total Hours:			Total Hours:		

How will this proposed alternative work schedule sustain or enhance your ability to get the job done?

What potential barriers could occur with the following groups and how would you suggest addressing those barriers?

Group	Potential Barriers	How to Address Barriers
External Customers		
Internal Customers		
Coworkers		
Others		

For Telecommuting Only

The following equipment will be necessary for this arrangement:

Supplied by KUSM-W	Not Supplied by KUSM-W

Employee Signature

I have read and understand the alternative work arrangement process and agree to the terms and conditions set forth by this arrangement. I understand it is my responsibility to make my alternative work arrangement a success and that the University of Kansas School of Medicine – Wichita has the right to discontinue this arrangement at any time for business related reasons.

_____ _____

Employee Signature **Date**

Supervisor Approval

I have reviewed this alternative work schedule proposal with the staff member.

This proposal is: ☐ Approved ☐ Denied

If the proposal is denied, identify the business reasons that support denial and return the proposal to the employee:

Supervisor Signature **Date**

Please submit a copy of this agreement to Human Resources for the employee's file.

Revision Date: August 25, 2008