

RISD FLEXIBLE WORK ARRANGEMENT REQUEST FORM

Employee Name		Phone Number	
Job Title		Department/Division	
Manager		Date Requested	
Requested Start Date		Evaluation Date	

Type of Work Arrangement Proposed

- Flex Time
 Compressed Work Week
 Job Share
 Reduced Hours or Part-time
 Summer Flexible or Reduced Hours

Work Schedule Requested

<u>Days</u>	<u>Start Time</u>	<u>End Time</u>	<u>Notes</u>
<u>Monday</u>			
<u>Tuesday</u>			
<u>Wednesday</u>			
<u>Thursday</u>			
<u>Friday</u>			
<u>Saturday</u>			
<u>Sunday</u>			

Employee Proposal:

Describe benefits to College, clients, colleagues (availability, accessibility, productivity, quality, creativity, etc)

Describe the challenges in making this arrangement successful (accessibility, security, communication, supervision, participation in meetings) and describe how you propose to overcome these challenges.

Define the criteria you and your manager will use to evaluate this arrangement. How and when will you measure the success of this arrangement?

List any equipment, supplies you will need to fulfill your responsibilities with this proposed work arrangement. Attach budget for approval (if applicable). Or list estimated cost savings for arrangement.

Supervisor Comments to Above Proposal

Approved: []

Denied: []

More Information Needed []

Explain:

Signatures and Acknowledgements

Employee

Date

Supervisor

Date

Dean/Director

Date

Human Resources

Date

This arrangement does not constitute a term, condition, or benefit of employment. I understand that my employment with RISD is “at will”. I also understand that this arrangement may be canceled or modified at any time.