**TISCH LIBRARY**

**FLEXIBLE WORK ARRANGEMENT FORM**

As stated in the Tisch Library Flexible Work Arrangements Policy, the library supports flexible work schedules as long as they adhere to policy guidelines. The form below covers requests for flextime and compressed workweek schedules. There is a separate [Tufts University Telecommuting Agreement](http://hr.tufts.edu/wp-content/uploads/Telecommuting_Agreement_Fill_In_Form.pdf) form to be used for requests for telecommuting. Please review the [University’s Telecommuting Guidelines](http://hr.tufts.edu/benefits/telecommuting-guidelines/) regarding eligibility and requirements for telecommuting.

If you are requesting flextime or a compressed workweek schedule please complete form below.

**Flextime:**

Flextime allows employees to set their own starting and quitting times within limits determined by management.

**Compressed Workweek**   
Compressed Workweek refers to working the equivalent of a full-time week in fewer than 5 days. The total number of hours worked must equal the number of hours per week the staff member is required to work.  See appendix A for an example - guidelines for summer flex time for summer 2016.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Status: Full Time or Part Time Exempt or Non-Exempt

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Period may not exceed 12 months. Renewals must be requested at least 30 days prior to end date.)

Supervisor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Type of Flexible Work Arrangement Being Requested:*** Flextime Compressed Workweek

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Work Schedule** | |  | **Requested Work Schedule** | |
| Monday |  |  | Monday |  |
| Tuesday |  |  | Tuesday |  |
| Wednesday |  |  | Wednesday |  |
| Thursday |  |  | Thursday |  |
| Friday |  |  | Friday |  |
| Saturday |  |  | Saturday |  |
| Sunday |  |  | Sunday |  |

**Please answer the following questions. Please be as specific as possible.**

1. How will working under this arrangement allow you to maintain or improve your work performance?
2. How will you accomplish your job under the requested arrangement? Be specific.
3. How might working under this arrangement impact your department and/or patrons? How will you address any concerns?

Your supervisor and you have agreed that the following performance indicators and measures will be used to evaluate this flexible work arrangement.

1.

2.

3.

I understand that Tisch Library is not obligated to approve a request for a flexible work arrangement for any employee. The decision is at the discretion of my supervisor. Flexible work schedules are subject to ongoing review and may be subject to termination at any time based on performance concerns or library needs. Generally, the supervisor or the employee should give at least 30 days notice in advance of ending or changing an arrangement. In some instances, a resumption of the original schedule may no longer be possible and alternatives should be identified.

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Employee Signature Date Supervisor Signature Date

Request Approved Request Denied\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. Head Signature (if applicable) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director or Asst/Assoc Director Date

Signature

Arrangement will be reviewed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Arrangement must be re-approved at least annually.

\*If request is denied, please attach an explanation indicating the reasons.