## 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 <u>Tufts University Telecommuting Agreement</u> form to be used for requests for telecommuting. Please review the <u>University's Telecommuting Guidelines</u> 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.

| Title  | Name  |                            | Dat                     | e Submitted:             |  |  |  |  |
|--|---|----------------------------|-------------------------|--------------------------|--|--|--|--|
| Current Status:  | Title   |                            |                         |                          |  |  |  |  |
| 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 Flextime Compressed Workweek    Current Work Schedule   | Department  |                            |                         |                          |  |  |  |  |
| Current Work Schedule   Requested Work Schedule   Monday   Tuesday   Wednesday   Thursday   Thursday   Friday   Saturday   Saturda | Current Status:   | ☐ Full Time or ☐ Part Time |                         | ☐ Exempt or ☐ Non-Exempt |  |  |  |  |
| Current Work ScheduleMondayRequested Work ScheduleMondayMondayTuesdayTuesdayWednesdayWednesdayThursdayThursdayFridayFridaySaturdaySaturday   | (Period may not exceed 12 months. Renewals must be requested at least 30 days prior to end date.) |                            |                         |                          |  |  |  |  |
| Current Work ScheduleMondayRequested Work ScheduleMondayMondayTuesdayTuesdayWednesdayWednesdayThursdayThursdayFridayFridaySaturdaySaturday   |   |                            |                         |                          |  |  |  |  |
| MondayMondayTuesdayTuesdayWednesdayWednesdayThursdayThursdayFridayFridaySaturdaySaturday   | Type of Flexible Work Arrangement Being Requested:  |                            |                         |                          |  |  |  |  |
| MondayMondayTuesdayTuesdayWednesdayWednesdayThursdayThursdayFridayFridaySaturdaySaturday   |   |                            |                         |                          |  |  |  |  |
| Tuesday Wednesday Wednesday Thursday Friday Saturday Saturday Tuesday Wednesday Thursday Friday Saturday   | Cur   | rent Work Schedule         | Requested Work Schedule |                          |  |  |  |  |
| Wednesday Thursday Friday Saturday  Wednesday Thursday Friday Saturday   | Monday  |                            | Monday                  |                          |  |  |  |  |
| Thursday Friday Saturday Saturday Thursday Friday Saturday   | Tuesday   |                            | Tuesday                 |                          |  |  |  |  |
| Friday Friday Saturday   | Wednesday   |                            | Wednesday               |                          |  |  |  |  |
| Saturday Saturday  | Thursday  |                            | Thursday                |                          |  |  |  |  |
|  | Friday  |                            | Friday                  |                          |  |  |  |  |
| Sunday   | Saturday  |                            | Saturday                |                          |  |  |  |  |
|  | Sunday  |                            | Sunday                  |                          |  |  |  |  |

| Ple                | ase answer the following   | questions. Please be as speci  | ific as possible.  |                                      |  |  |
|--------------------|--|--|--|--------------------------------------|--|--|
| 1.                 | How will working und   | er this arrangement allow yo   | ou to maintain or improve your work pe   | rformance?                           |  |  |
| 2.                 | How will you accompl   | ish your job under the reque   | ested arrangement? Be specific.  |                                      |  |  |
| 3.                 | What challenges will b   | e presented by this arranger   | ment and how do you propose to overcon   | me them?                             |  |  |
| 4.                 | How might working under this arrangement impact your department and/or patrons? How will you address any concerns? |  |  |                                      |  |  |
|                    | ur supervisor and you had to evaluate your perfo   |  | g performance indicators and measures  | will be                              |  |  |
| 1.                 |  |  |  |                                      |  |  |
| 2.                 |  |  |  |                                      |  |  |
| 3.                 |  |  |  |                                      |  |  |
| rev<br>the<br>In s | ployee. The decision is at<br>iew and may be subject to<br>supervisor or the employe                               | the discretion of my superviso<br>termination at any time based<br>e should give at least 30 days in | request for a flexible work arrangement for r. Flexible work schedules are subject to on on performance concerns or library needs. On the contice in advance of ending or changing an any no longer be possible and alternatives shown | ngoing<br>Generally,<br>arrangement. |  |  |
| En                 | nployee Signature  | Date   | Supervisor Signature   | Date                                 |  |  |
|                    | Request Approved   | Request Denied*  | Director or Asst/Assoc Director<br>Signature   | Date                                 |  |  |
| A                  | rrangement will be reviewe   | ed on  |  |                                      |  |  |

Arrangement must be re-approved at least annually.
\*If request is denied, please attach an explanation indicating the reasons.