EMPLOYEE SECTION

The Flexible Work Arrangement Proposal Form should be used as a tool for thinking through and documenting the details of your flexible work arrangement (FWA) proposal, including how it will meet the organization’s business needs, as well as a means of preparing you for discussions with your manager. Many managers prefer to have a conversation about the FWA in advance of receiving a written proposal, and then schedule another meeting to discuss the details of the proposal once they have received it.

Note: Speak with your manager or the HR office to determine whether your school or unit permits only certain types of arrangements for certain jobs or teams.

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<tr>
<th>Employee Name</th>
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<tr>
<td>Title</td>
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<td>Department/Unit</td>
<td>Exempt/Non-exempt</td>
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<td>Supervisor</td>
<td>Other Reviewer</td>
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TYPE OF PROPOSED FLEXIBLE WORK

Check all that apply (for definitions, go here):

- [ ] Flextime
- [ ] Reduced Hours
- [ ] Seasonal Arrangement
- [ ] Job Sharing
- [ ] Telework
- [ ] Transition to/from Leave
- [ ] Remote Work
- [ ] Compressed Work Week

CONDITIONS OF PROPOSED FLEXIBLE WORK ARRANGEMENTS

Please attach a response that addresses the following questions regarding your FWA proposal:

- Where, when, and how will you accomplish your job requirements and performance objectives (for example, participation in meetings, accessibility when working off-site, ensuring customers’/colleagues’ needs are met, meeting project deadlines) through the proposed FWA?
- If teleworking, describe needed and available equipment, calendaring/communication protocols, and IT security requirements.
- If working reduced hours, have you and your manager redefined your workload and job requirements?
• If you are a non-exempt employee, do you understand that all hours worked must be reported and that overtime requires supervisor preapproval even when an FWA exists?
• Which colleagues and stakeholders might be affected by this arrangement, and have you discussed this proposed change with them as appropriate?
• For each of the following individuals and groups, describe in either a narrative or bulleted format which challenges may arise (for example, ability to participate in events/meetings, accessibility, teamwork, collaboration tools, responsiveness, meeting customer needs) and which solutions you propose:
  • Your internal and external customers/stakeholders/students
  • Your team and co-workers
  • Your manager(s)
  • Your direct reports (if applicable)
• How will you and your manager evaluate and measure the success of your FWA in meeting your job requirements and performance objectives? Give qualitative and/or quantitative measurements. Identify the review process and timeline that you and your manager will use to assess the effectiveness of your FWA. Be specific and adjust the timeline to align with organizational needs or fluctuations.
• List and describe any cost implications—both savings and expenses—of additional equipment or other resources that will be required under this FWA (for example, purchase of a laptop, cost savings for office space, time saved, increased productivity), and indicate who will be responsible for any added costs. Generally, when working in a non-Harvard setting, the employee will be responsible for any additional costs.

### OPTIONAL SCHEDULE AND LOCATION

<table>
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<tr>
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<th>UNIT’S CORE HOURS</th>
<th>START TIME</th>
<th>END TIME</th>
<th>WORK LOCATION (E.G., CAMPUS, HOME, OTHER)</th>
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SIGNATURE PAGE

I understand that in the case of telework or remote work, during the times that I am expected to be performing the duties of my job I will not engage in other substantive work, including caregiving for children or adults.

I understand that Harvard is not obligated to approve a flexible work arrangement proposal for any employee. This decision is made at the discretion of my supervisor/manager. Flexible work arrangements are subject to ongoing review and may be subject to termination at any time based on performance concerns, organizational needs, or team structural changes. Generally, the supervisor/manager or the employee should give at least 30 days’ notice in advance of ending or changing an arrangement, business needs permitting. In some specific instances (e.g., when an employee changes to a part-time schedule), a return to the original schedule may no longer be possible and alternatives may need to be identified.

Employee Signature & Date

Supervisor/Manager Signature & Date

Other Required Signature & Date

Request Approved Request Denied* Request on Hold*

Arrangement will initially be reviewed in 30 days on

Moving forward, an approved FWA will be reviewed annually during performance reviews and may be reviewed more frequently if necessary.

Arrangement will next be reviewed on

*If request is Denied or placed on Hold, please attach an explanation indicating the business reason for this decision (e.g., operational, performance history, budgetary).

Following completion of the proposal process, copies of this form and any attachments should be provided to the employee and to HR (if required).