

FLEXIBLE WORK ARRANGEMENT DOCUMENTATION FORM

Introduction

The Flexible Work Arrangement Documentation Form is an important tool to define the details of an approved flexwork arrangement, including specifics about how, where, and when work will be performed. This information will help the University consider important institutional decisions as we navigate this new world of flexibility. Please download this form, save it locally, complete it, and provide it to your manager.

This is a: New Flexwork Arrangement Existing Flexwork Arrangement

PART A

Documentation of approved arrangement must be completed by all employees

Employee Information

Employee Name:	HUID:	
Email:	Job Title:	
Department/Unit:	Exempt	
Supervisor/Manager:	Overtime-Eligible	

Type of Flexwork - Location (select one)

Fully On-site	Working on-campus for all working hours, occasional flexwork permitted with manager’s approval
Hybrid/Partially Remote (Telework)	Working both from a non-Harvard location and on campus (select type)
Anchor/Flex –	Anchor day(s) is/are designated for members of a team to be on-campus and can flex the rest of the week (location is determined by the employee, within context established by the University and the unit)
Fixed in/out –	Assigned a number of days – for example, per month or quarter – in the office and remainder remote
Flex around core obligations –	Individuals flex their location based on the work they need to perform on campus
Primarily Remote (Remote Work)	Individuals are expected to work off-campus, at home or elsewhere, for all working hours. Remote work can also be further defined as:
Seasonal –	For example, remote some number of months of the year, expected on-campus during peak, all-hands-on-deck periods, or timed to seasonal fluctuations of teaching and other student-facing activities
Periodic –	Majority remote, but expected on-campus at designated times (e.g. once per month or once per quarter)
Fully fluid –	Working location is principally the employee’s decision, based upon work needs, and within Harvard’s specific constraints and requirements regarding remote work (such as working out of state)

Type of Flexwork - Schedule (select as many as applicable)

Regular – Starting and ending work at a standard time within the unit
Flextime – Starting and ending work at planned hours that vary from the regularly scheduled workday
Split Schedule – Working a full day split into two or more parts
Reduced Hours – Reducing the total hours worked during the work week
Compressed Work Week – Working a standard work week, compressed into fewer than five days
Job Share – Sharing the responsibilities of one full time position between two people

Schedule and Location Details

	Start Time	End Time	Start Time	End Time	Work Location (e.g., Home, Campus, Other) Include full address and building name
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Considerations for Remote & Telework Flexwork Arrangements

Please confirm the following:

I have reviewed and understand the Flexible Work Guidelines, including information on ergonomics and the ergonomics tip sheet .	Yes
I have reviewed Harvard's Information Security Policy , and IT Security Tools , for advice on protecting Harvard information at various data levels.	Yes
I understand that major activities such as full-time dependent care, or intensive work on a personal project, are not appropriate while teleworking. Occasional flexwork in unusual circumstances must be discussed with my supervisor.	Yes
If overtime eligible, I understand that all hours worked must be reported and that overtime requires supervisor pre-approval even when a flexwork arrangement exists.	Yes
I understand that I must discuss with HR any considerations about working outside of the state of Massachusetts.	Yes

Acknowledgment

Flexible work arrangements are subject to ongoing review and may be terminated at any time based on performance concerns, organizational needs, or team structural changes. Generally, the employee or supervisor/manager should give at least 30 days' notice in advance of ending or changing an arrangement, business needs permitting. In some specific instances, such as when an employee changes to a part-time schedule, it may not be possible to return to the original schedule, and alternatives may need to be explored.

Before signing, save a copy of this completed form to your computer to use for future renewals.

Employee Signature & Date:

Supervisor/Manager Signature & Date:

Arrangement will next be reviewed on:

Flexwork arrangements should be reviewed annually during performance reviews and may be reviewed more frequently as necessary.

Following the completion of this process, copies of this form and any attachments should be provided to:

Employee

Manager

Local HR

PART B

Proposal worksheet may be required by the manager, or used by the employee as a tool to develop a workplan

Flexwork Proposal Form/Worksheet

Departments and or managers may opt to require employees to complete a Flexwork Proposal to define the details of a proposed or existing flexwork arrangement, including specifics about how, where, and when work will be performed. Even if not required, employees may wish to use this document as a worksheet to plan an effective flexwork arrangement before and/or after conversations with their manager.

Type of Flexwork - Location

When completing the applicable boxes in this section, it is important to consider the implications of the location and timing of work and its impact on customers, colleagues, and the team. As applicable for each of the following individuals and groups, describe in either a narrative or bulleted format, any challenges that may arise (for example, ability to participate in events/meetings, accessibility, teamwork, collaboration tools, responsiveness, meeting customer needs) and the solutions you propose:

- Your internal and external customers/faculty/students
- Your team, other co-workers, and stakeholders
- Your manager(s)
- Your direct reports (if applicable)

Partially Remote (Telework) Arrangement

Please note the type of arrangement and describe the job functions that will be completed on campus, including days, hours, and locations, and which job functions will be completed remotely (e.g., at home)

Primarily Remote Work Arrangement

Please note the type of arrangement option and describe the job functions that will be completed on campus, if applicable, noting anticipated intervals of days, hours, and locations, and which job functions will be completed remotely (e.g., at home)

Type of Flexwork - Schedule

Flextime, Split Schedule, or Compressed Work Week

Please define your anticipated work times and the work to be completed during each day, as applicable.

Reduced Hours

Please define your anticipated work schedule during each day of the week and, if applicable, how you and your manager have redefined your workload and job requirements.

Job Share

Please identify whom you will be sharing your job with, their contact information, which job responsibilities you will complete and define your anticipated work schedules during the week to complete a shared work week.

Your Home/Remote Office Set-up

If working remotely, please confirm you have set up your remote workspace using the Ergonomic Fact Sheet and Tips referenced in Part A. What equipment, tools or resources do you need?

* Please note that schools and departments have different methods for requesting equipment and resources and may not provide or reimburse for some items. Employees should follow their local processes, as needed.

Other Considerations

Please note any additional, relevant information.

If local flexwork practices require the use of Part B, please sign and submit with Part A.

Before signing, save a copy of this completed Part B form to your computer to use for future renewals.

Employee Signature & Date:

Supervisor/Manager Signature & Date:

Arrangement will next be reviewed on:

Flexwork arrangements should be reviewed annually during performance reviews and may be reviewed more frequently as necessary.