



OHIO
UNIVERSITY

Human Resources

Flexible Work Schedule Agreement Form

To be submitted to University Human Resources by the administrator or supervisor.

Name: _____ Title: _____ Date: _____

Planning Unit Head, Department Manager/supervisor: _____

The Flexible Work Schedule Proposal form is used when administrators request a change to their regularly scheduled work hours arrangement per the guidelines in Policy 40.063, *Flexible Work Schedule, Flexible Hours, and Flexplace for Administrators*. This form should reflect the agreed upon Flexible Work Schedule arrangement between the employee and supervisor.

1. Clearly define the Flexible Work Schedule arrangement:

2. How long is the Flexible schedule arrangement expected to last? (Be as specific and accurate as possible.) If duration unknown, temporary arrangements in 2-month increments are acceptable.

3. Describe the proposed Flexible Work Schedule.

I understand that this request will be considered and approved at the discretion of management, and that any Flexible Work Schedule arrangement proposed or approved, does not change my basic employment status with the organization. . Further, I understand that management may rescind the within Agreement with a two-week notice, unless an unforeseeable intervening event necessitates shorter notice.

Administrator Name: _____ Date: _____

Administrator Signature: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head or Planning Unit Head: _____ Date: _____

Department Head or Planning Unit Head Signature: _____