



Employee Name: _____ OHIO EE ID#: _____ OHIO Email: _____

Title: _____

Planning Unit Head, Department Manager/ Supervisor: _____

The Flexplace Proposal form is used when administrators request a Flexplace arrangement per the guidelines in [Policy 40.063](#), *Flexible Work Schedule, Flexible Hours, and Flexplace for Administrators*. This form should reflect the agreed upon Flexplace arrangement between the employee and supervisor.

1. Clearly define the Flexplace arrangement, including scheduled hours and days at work.

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

3. If the request involves Flexplace work at an off-site location, answer the following:

- a. Which elements of the job can be performed off-site? Which cannot?

- b. What tools, equipment and technology will be needed for work to be completed?

- c. How will the computer, software, databases, and other technology used for work be secured and protected from use by others pursuant to OHIO [Policy 91.003](#) *Computer and Network Use*?

- d. The employee must review and successfully complete relevant online training regarding IT Data Security best practices. **To register for training, the employee's supervisor must send an email to security@ohio.edu requesting registration on behalf of the employee, and the date range they will be required to complete it in.**

- e. Describe the work schedule, i.e., days and hours in offsite location and days and hours on-site at a University location.

I understand that this request will be considered and approved at the discretion of management, and that any Flexible work 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's Name: _____

Signature: _____

Date: _____

Supervisor Name: _____

Signature: _____

Date: _____

Department Head or Planning Unit Head: _____

Signature: _____

Date: _____

If you need further assistance or have questions, contact University Human Resources at (740) 593-1636 or Return form to: Ohio University Resources, Grosvenor Hall 324, 1 Ohio University, Athens, OH 45701.