

**FLEXIBLE WORK ARRANGEMENT PLANNING WORKSHEET: THINKING IT THROUGH**

 Yale University developed this proposal process to support employees as they think through different Flexible Work Arrangements, that can enhance their work effectiveness and provide more control over when and where they produce results. This document is a tool to help employees consider ways to work more efficiently and flexibly.

|  |
| --- |
| Employee Name |
| Job Title  |   |
| Department |   |

**Request period:**

* Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
* End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate your current and proposed schedule with hours and location

|  |  |
| --- | --- |
| **CURRENT WORK SCHEDULE** | **PROPOSED WORK SCHEDULE** |
|   | Work Location | **Hours** **Start End TOTAL** |  | **Work****Location**  | **Hours** **Start End TOTAL** |
| Monday  |  |  |  |  | Monday  |  |  |  |  |
| Tuesday |  |  |  |  | Tuesday |  |  |  |  |
| Wednesday |  |  |  |  | Wednesday |  |  |  |  |
| Thursday |  |  |  |  | Thursday |  |  |  |  |
| Friday |  |  |  |  | Friday |  |  |  |  |
| Saturday |  |   |   |  | Saturday |   |   |  |  |
| Sunday |  |   |   |  | Sunday |   |   |  |  |
|  TOT HOURS  |   |  |  |  | TOTAL HOURS |  |  |  |  |

How will this new schedule schedule sustain or enhance your ability to get the job done?

What potential barriers could occur with External Customers?

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What potential barriers could occur with Internal Customers?

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What potential barriers could occur with Co-workers?

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How do you suggest addressing the above barriers?

Describe how your performance will be measured under this flexible work schedule.

**(OPTIONAL)**

# EMPLOYEE SIGNATURE

I have read and understand (Department Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ flexible work guidelines and agree to the terms and conditions set forth in these guidelines. I understand

that it is my responsibility to make my flexible work schedule a success and that the

(Department Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the right to discontinue this schedule at any time providing a two-week notice is given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

# SUPERVISOR AUTHORIZATION

I have reviewed this flexible work schedule proposal with the employee.

This proposal is \_\_\_ Approved \_\_\_ Denied

If the proposal is denied, identify the business reasons that support the denial and return the proposal to the employee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

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Director’s Signature Date