

**FLEXIBLE or REMOTE WORK SCHEDULE PROPOSAL**

Employee Name:	Supervisor Name:
Job Title:	Date Submitted:
Department:	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
UHart ID:	Hours/Week: <input type="checkbox"/> 35 hours <input type="checkbox"/> 40 hours

**PART I: FLEXIBLE WORK SCHEDULE REQUESTED**

- Remote/Telework Schedule
- Variable Hour Work Schedule
- Continuation of Current Flexible or Remote Work Schedule (*skip to Part IV*)

**PART II: PROPOSED SCHEDULE**

Please define the requested work schedule (e.g., 8 a.m. to 5 p.m. remote; 7:30 a.m. to 4:30 p.m. campus)

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Duration of Requested Schedule (*minimum 2 months, maximum 6 months*): \_\_\_\_\_

If applicable, please indicate the duration of your proposed unpaid meal break:    \_\_\_ 30 minutes    \_\_\_ 1 hour

**PART III: WORK ISSUES TO BE CONSIDERED**

How will this proposed flexible work schedule sustain or enhance my ability to get my job done?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV: EMPLOYEE SIGNATURE**

I have read and understand the flexible work schedule policy and agree to the terms and conditions set forth in that policy. I understand that it is my responsibility to make my flexible work schedule a success and that my supervisor and/or the University of Hartford have the right to discontinue my flexible work schedule at any time by providing a minimum of a two-week notice.

\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date

## PART V: 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:

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**Note to Supervisor: Do not forward a denied proposal to HRD.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Date

## PART VI: HRD AUTHORIZATION AND VERIFICATION

The performance and attendance records have been reviewed and supervisor authorization confirmed.

\_\_\_\_\_  
Authorized HRD Representative

\_\_\_\_\_  
Date

Revised 6/2021