

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

