

**UNIVERSITY OF ARKANSAS AT LITTLE ROCK**

**Flexible Work and Remote Work Request Form**

**Non-Classified and Classified Employees Only**

**Note:** Temporary, short-term changes to an employee’s regular work schedule or occasionally working remotely to adjust for an unplanned, short-notice, or sporadic event can be approved at the department level. Such approvals should be documented by the department manager, but these types of requests are not required to go through this detailed request form and approval process.

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| Date of Request:       | Workday ID:       |
| Name of Employee:       |
| Job Title:       |
| Department:       |
| Email:       | Phone Number:       |
| Name of Department Head/Supervisor:       |
| Department Head/Supervisor’s Email:       |

**Type of Request** – Please specify the type of work arrangement that you are requesting.

[ ]  Flexible Work Schedule

Please specify the work schedule being requested, including the days and hours.

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[ ]  Hybrid Remote Work

Please specify the work schedule being requested, including the days and hours remote versus on campus.

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Please list the physical address of the location where you are requesting to perform remote work including the city and the state.

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**Timeframe** – Please specify the length of time for this request.

Begin and End Dates Requested (Not to exceed 1 year)

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**This completed request form should be submitted to your direct supervisor.** This request will be reviewed through your supervisory chain to consider the appropriateness of the proposed request. All flexible work and remote work arrangements are subject to the approval of the relevant vice chancellor. If your request is approved, a copy of this request form will be maintained in Workday. Approved requests are subject to periodic review and modifications or termination at any time. Requests should be approved for no longer than one year, though shorter time periods are allowable.

**Please Note:** If this request is related to medical reasons, please contact the Department of Human Resources at (501) 916-3180 to discuss leave options or possible accommodations under the Americans with Disabilities Act.

[ ]  I have reviewed the University of Arkansas at Little Rock’s Flexible Work and Remote Work Policy prior to submitting this request. I agree to all provisions of the policy.

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| Employee Signature: |  |  |
| Employee |  | Date |

**To be completed by the Department Head/Supervisors:**

[ ]  The employee’s position is conducive to the flexible work or remote work arrangement requested and I recommend approval of this flexible work or remote work arrangement based on the position responsibilities and the employee’s job performance.

[ ]  I recommend approval but with adjustments/conditions as indicated below.

[ ]  More information on the proposed flexible work or remote work arrangement is needed (specify).

[ ]  I do not recommend approval of the flexible work or remote work arrangement requested.

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| Comments:       |

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| Supervisor Signature: |  |  |
| Supervisor |  | Review Date |

**To be completed by the Department of Human Resources:**

[ ]  The employee’s position is conducive to the flexible work or remote work arrangement requested and I recommend approval of this flexible work or remote work arrangement based on the position responsibilities and the employee’s job performance.

[ ]  I recommend approval but with adjustments/conditions as indicated below.

[ ]  More information on the proposed flexible work or remote work arrangement is needed (specify).

[ ]  I do not recommend approval of the flexible work or remote work arrangement requested.

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| Comments:       |

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| HR Representative’s Signature: |  |  |
| Human Resources |  | Review Date |

**To be completed by the Vice Chancellor for Remote Work Arrangements Only:**

[ ]  Approved (Approved Start Date:       )

[ ]  Approved but with adjustments/conditions as indicated below.

[ ]  More information on the proposed flexible work or remote work arrangement is needed (specify).

[ ]  Not approved

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| Comments:       |

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| Vice Chancellor’s Signature: |  |  |
| Vice Chancellor |  | Review Date |

**Part II: Flexible Work Arrangement Standard Provisions**

This attachment specifies certain conditions applicable to all flexible work or remote work arrangements. The employee agrees that the following apply as a condition of participating in such an arrangement:

1. The employee’s duties, obligations, responsibilities, and conditions of employment with the University remain unchanged except those obligations and responsibilities specifically addressed in the approved remote work arrangement. Job responsibilities, standards of performance, and performance appraisals remain the same as they would be if the employee were working at the regular University work site or during standard working hours. All University policies continue to apply.

2. Requests to work overtime, use annual, sick, or other leave must be approved by the employee’s supervisor. The employee agrees to remain accessible during designated work hours and to attend meetings at the department’s primary work location if requested, and understands that the department or other administrative unit retains the right to modify this agreement on a temporary basis as a result of business necessity. During the approved hours of work, the employee shall not work at other jobs, run businesses, or engage in other activities that would otherwise result in the employee being required to take leave, such as serving as caregiver for others.

3. The supervisor retains the ability to assign work as necessary at any work site. Income and payroll taxes for employees will generally be withheld based on where the employee is physically located when performing the work.

4. Regarding equipment, supplies, and other University resources, as well as University data, the employee agrees as follows:

a. The employee agrees to use University-owned equipment, supplies, and data for purposes of University business only and to protect them against accidental access, use, modification, destruction, or disclosure. The employee agrees to report to the supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity. The employee understands that all equipment, supplies, and data provided by the University shall remain the property of the University.

b. Equipment, supplies, and data, and other resources, provided by the University for use at a remote location, remain the property of the University and will be returned within three business days should the arrangement be terminated.

c. The employee is responsible for the safety and security of any University-supplied equipment, data, and supplies at the remote work location. This includes maintaining data security and confidentiality as required when working at the regular University work site. The employee may not duplicate University-owned software and will adhere to the manufacturer(s) licensing agreement(s). Employees are personally liable for missing or damaged equipment.

d. The employee agrees to maintain a safe and secure work environment. The employee agrees to report any work-related injuries to the supervisor without delay. Work meetings will not be conducted at the remote work location unless approved by the supervisor. The employee agrees that the University is not responsible for injury to others at the alternate work site.

These provisions are intended to complement UA Little Rock Policy 402.70 as updated from time to time. I hereby affirm by my signature that I have read the policy as well as these provisions, and understand and agree to both the policy and these provisions.

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