

# Alternative Work Arrangement Proposal and Agreement



The following is a mutual alternative work schedule agreement between supervisor and employee that allows for the employee's work to be performed other than according to standard work hours as defined by the University of Kansas Medical Center. This alternative work arrangement is supported by the University of Kansas Medical Center provided the agreement continues to support the missions of both the department and the University of Kansas Medical Center.

<b>Employee Name:</b>	
<b>Job Title:</b>	<input type="checkbox"/> <b>Exempt</b> <input type="checkbox"/> <b>Non-Exempt</b>
<b>Department:</b>	
<b>Supervisor:</b>	<b>Date Submitted:</b>

**Alternative Work Schedule Requested:**

Work Arrangement	Actions
<input type="checkbox"/> Flextime	Period of Request:
<input type="checkbox"/> Compressed Work Week	Start Date:
<input type="checkbox"/> Telecommuting	End Date:

**Indicate your current and proposed schedule with hours:**

Current Schedule			Proposed Alternative Work Schedule		
Days	Hours		Days	Hours	
	1st Week	2nd Week		1st Week	2nd Week
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Sunday			Sunday		
<b>Total Hours:</b>			<b>Total Hours:</b>		

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

What potential barriers could occur with the following groups and how would you suggest addressing those barriers?

Group	Potential Barriers	How to Address Barriers
External Customers		
Internal Customers		
Co-Workers		
Others		

Describe how your performance will be measured under this alternative work schedule:

This arrangement will be most successful if we: (List opportunities for enhanced communication and management of work.)

**For Telecommuting Only**

	Supplied by KUMC	Not Supplied by KUMC
The following equipment will be necessary for this arrangement:		

**Employee Signature**

I have read and understand the alternative work arrangement process and agree to the terms and conditions set forth by this arrangement (*see Policies and Guidelines*). I understand it is my responsibility to make my alternative work arrangement a success and that the University of Kansas Medical Center has the right to discontinue this arrangement provided a 30-day notice is given.

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
**Date**

**Supervisor Approval**

I have reviewed this alternative work schedule proposal with the staff member.

This proposal is:     Approved                       Denied

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

\_\_\_\_\_  
**Supervisor Signature** \_\_\_\_\_  
**Date**

**EVC Authorization**

This is to acknowledge that the above proposed agreement for an alternative work schedule has been reviewed and approved by the University of Kansas Medical Center.

\_\_\_\_\_  
**Office of the EVC** \_\_\_\_\_  
**Date**

Please maintain a copy of this agreement for your records.