

Employee Name:	_____	SMU ID#:	_____
Employee's Title:	_____	Email:	_____
Division/School & Department:	_____	Employee Pay	Circle one: Salaried Hourly
Supervisor's Name:	_____	SMU ID#:	_____
Supervisor's Phone:	_____	Email:	_____

Desired Flexible Work Arrangement (place a checkmark next to all that apply):

<input type="checkbox"/>	Shorter Workday/Regular Workweek	<input type="checkbox"/>	Intermittent Time Off (specify pattern, if any)
<input type="checkbox"/>	Shorter Workweek/Regular Workday	<input type="checkbox"/>	Telecommuting or Remote Work Location
<input type="checkbox"/>	Longer Workday/Shorter Workweek	<input type="checkbox"/>	Job Sharing
<input type="checkbox"/>	Partial Year	<input type="checkbox"/>	Combination of Options (check all that apply)
<input type="checkbox"/>	Relocation Out of State		

Please provide a detailed flexible work arrangement and an explanation of the necessity of the arrangement (attach any supporting documentation):

Proposed Start date	_____	Date to re-evaluate work arrangement	_____ (within six months from start date)
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The flexible work arrangement has been discussed and agreed upon for the reasons set forth above. The employee and his/her supervisor shall meet at the date set forth above to evaluate the flexible work arrangement and determine if such flexible work is approved to continue. The University reserves the right to alter or terminate the flexible work arrangement at any time in the event the arrangement is not operating to the satisfaction of the University. The flexible work arrangement may also be suspended, adjusted, or terminated due to the employee's performance issues, including, but not limited to, failure to devote full attention to employee's work during working hours, failure to complete the agreed upon project(s) or work deliverables, failure to comply with the Terms and Conditions of Telecommuting Arrangement (if applicable), or due to a change in SMU or the division/school or department's business needs/requirements. Employee agrees to comply with all SMU policies and procedures at all times. Nothing herein modifies or otherwise alters the employee's at-will employment status.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Vice President Signature: _____ Date: _____