# FAS FLEXIBLE WORK ARRANGEMENT DOCUMENTATION FORM

#### Introduction

The FAS Flexible Work Arrangement Documentation Form is an important tool to define the details of an approved hybrid/flex work arrangement, including specifics about how, where, and when work will be performed.

#### **PART A**

Documentation of approved arrangement must be completed by all employees

## **Employee Information**

Employee Name:	HUID:	
Email:	Job Title:	
Department/Unit:	Exempt	
Supervisor/Manager:	Overtime-Eligible	

#### **Schedule and Location Details**

	Hours	Work Location (e.g., Home, Campus, Other) Include full address and building name
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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# **Considerations for Hybrid Working Arrangements**

Please confirm the following:

I have reviewed and understand the Flexible Work Guidelines, including information on <b>ergonomics</b> and the <b>ergonomics tip sheet</b> .	☐ Yes		
I have reviewed Harvard's <u>Information Security Policy</u> , and <u>IT Security Tools</u> , for advice on protecting Harvard information at various data levels.	☐ Yes		
I understand that major activities such as full-time dependent care, or intensive work on a personal project, are not appropriate while teleworking. Occasional hybrid/flex work in unusual circumstances must be discussed with my supervisor.	☐ Yes		
If overtime eligible, I understand that all hours worked must be reported and that overtime requiressupervisor pre-approval even when a hybrid/flex work arrangement exists	☐ Yes		
I understand that I must discuss with HR any considerations about working outside of the state of Massachusetts and the approved commutable states.	☐ Yes		
Hybrid/flex work arrangements are subject to ongoing review and may be terminated on performance concerns, organizational needs, or team structural changes. General supervisor/manager should give at least 30 days' notice in advance of ending or chan business needs permitting. In some specific instances, such as when an employee chaschedule, it may not be possible to return to the original schedule, and alternatives mexplored. By filling out this form, employees and the manager agree to the above schoccasions where an employee is asked to come into the office outside of the hybrid/flarrangement to perform job duties in the office. This situation will not be considered hybrid/flex work arrangement and should be accommodated as long as the employee advance. Requests for fully remote schedules require approval from the manager are Dean or Director.	ly, the employee or ging an arrangement, anges to a part-time nay need to be ledule. There may be lex work a change to the le is notified in and the Administrative		
Before signing, save a copy of this completed form to your computer to use for future renewals.  Employee Signature & Date:			
Supervisor/Manager Signature & Date:			
Arrangement will next be reviewed on: [Insert date]			
Hybrid arrangements should be reviewed annually during performance reviews and may be reviewed more frequently as necessary.			
Following the completion of this process, copies of this form and any attachments should be provided to:			
Employee Manager Local HR			

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#### **PART B**

Proposal worksheet may be required by the manager or used by the employee as a tool to develop a workplan.

### **Your Flexible Office Set-up**

If working a hybrid schedule, please confirm you have set up your off-campus workspace using the Ergonomic Fact Sheet and Tips referenced in Part A.What equipment, tools or resources do you need?

Fact Sheet and Tips referenced in Part A. What equipment, tools or resources do you need?  * Please note that schools and departments have different methods for requesting equipment and resources and may not provide or reimburse for some items. Employees should follow their local processes, as needed.

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