

EMPLOYEE AND SUPERVISOR INFORMATION

Employee Name	
Position Title	
Department	
Supervisor	

PROCESS

The variable work schedule is designed to provide for Whitworth’s needs to deliver high quality services and the employee’s need to establish balance between work, family and personal obligations. Each employee, working with their supervisor and/or department head, may design a work schedule that is intended to meet the employee’s need for flexibility and the department’s commitment to deliver quality customer service for students, faculty, staff and the public. Employees working a variable work schedule should continue to be at their work stations during the core work hours, but can work with the supervisor on start and end times as long as operational/business needs continue to be met

1. Review and discuss with your supervisor the Flexible Work Eligibility Questions
2. Review and discuss with your supervisor and area co-workers the Department Assessment
3. Fill out and submit this form to hr@whitworth.edu
4. Work from campus full time until approval received

Type of Variable Work Schedule Requested

- Scheduled
 Occasional
 Compressed work week

Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Daily Schedule					

CHECKLIST

Please read through the following checklist items. Checking the box signifies your acknowledgement of expectations and responsibilities that come with approval for a variable work schedule.

 Job Expectations

In general, employees will effectively accomplish their job duties regardless of variable work schedules.

1. While working a variable work schedule, an employee will:
 - a. Continue to perform job functions and duties during the altered work hours
 - b. Remain accessible to employees and students during working hours
 - c. Be available for teleconferences, scheduled on an as needed basis
 - d. Be available to come into the office if a business need arises
 - e. Request supervisor approval for any necessary overtime (hourly employees)
 - f. Request supervisor approval to use vacation, sick or other leave time as appropriate

 Alterations or Termination

1. Employee understands that working remotely is a privilege and the agreement can be altered or terminated at any time for any reason, specifically for reduction in work efficiency

and/or inability to maintain job responsibilities. Employee will be given a two week notice if agreement is terminated.

SIGNATURE

By signing below, I have read and understand the flexible work policy and the expectations of working a variable work schedule.

Employee Signature		Date	
Supervisor Signature		Date	
Department Head or Dean Signature		Date	

HR USE ONLY

Trial Approval Date	
HR Approver	
Final Approval Date	
Termination Date	