

COVID-19 FLEXIBLE WORK ARRANGEMENT PROPOSAL AND AGREEMENT*

A flexible work arrangement is a mutual work agreement between a supervisor and staff member that allows for some component or all of the staff member's work to be performed other than the standard work hours as defined by GVSU. Flexible work arrangements are supported by GVSU provided the arrangements continue to support the missions of both the school/department/unit granting the arrangement and GVSU.

Staff Member Name:	Date Submitted:
G Number:	Hourly:
Title/Department:	Salary:

Flexible Work Arrangement Requested

Describe Your Current Schedule:				
Describe Your Proposed Flexible Work Arrangement:				<i>For hourly staff, please describe below how you will work your FWA during the week of a holiday. Regular hours must total no more than 40. Please include all holidays. Holiday pay may not exceed 8 hours.</i>
Starting Date:		Ending Date:		
	Starting Time	Lunch Period	Ending Time	
				Holiday Week Hours
Sunday:				Sunday:
Monday:				Monday:
Tuesday:				Tuesday:
Wednesday:				Wednesday:
Thursday:				Thursday:
Friday:				Friday:
Saturday:				Saturday:

How will this proposed schedule sustain or enhance your ability to get the job done?
(Highlight opportunities to improve cost effectiveness and customer satisfaction, where possible.)

Please describe the agreed upon schedule that the staff member would return to if the FWA is modified or terminated. (Supervisor or staff member can terminate or modify a FWA at any time. Typically, this would mean returning to the original schedule unless supervisor and staff member agree to some type of a modification to the schedule.)

Flexible Work Arrangement Success

What potential barriers could occur with the successful completion of your FWA?

Does this FWA schedule generate any changes with technological support in order for you to do your job?

For this arrangement to be successful, I will need for my supervisor to provide the following:

Staff Member Signature

I have read and understand the flexible work arrangement guidelines and agree to the terms and conditions set forth by this arrangement. I understand that it is my responsibility to make my flexible work arrangement a success. A supervisor or staff member may terminate or modify the FWA at any time subject to the terms of the FWA application and guidelines.

Print Name

Signature

Date

*FWA's for MGS staff are limited to collective bargaining agreement. Staff interested in FWA should discuss with their supervisor.

Supervisor Authorization

I have reviewed this flexible work schedule proposal with the staff member. A supervisor or staff member may terminate or modify the FWA at any time subject to the terms of the FWA application and guidelines.

This proposal is:

Approved ☐

Disapproved ☐

Print Supervisor Name

Supervisor Signature

Date

Print Appointing Officer Name

Appointing Officer Signature

Date

Supervisor should retain records of employees COVID-19 FWA. Only if there is a reduction in hours worked should HR be notified. Email to Natalie Trent (trentnat@gvsu.edu) or Fax (616-331-9365)



If you have questions or require more information, contact us at:
Phone (616) 331-2215
benefitsandwellness@gvsu.edu