



FLEXIBLE WORK ARRANGEMENT PROPOSAL AND AGREEMENT*

A flexible work arrangement (FWA) 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. FWAs 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:	<p>For hourly staff, please describe how you will work your FWA during the week of a holiday. Regular hours must total no more than 40. Please include all holidays using an additional page if needed. Holiday pay may not exceed 8 hours per day.</p>
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Starting Date:		Ending Date:		Holiday Week Hours
	Starting Time	Lunch Period	Ending Time	
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 the supervisor and staff member agree to some type of a modification to the schedule).

Flexible Work Arrangement Success:

What potential barriers would impede your FWA?

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

For this FWA to be successful, will you need anything from your supervisor other their approval?

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 Employee Name

Employee Signature

Date

*FWA's for MGS staff are limited to collective bargaining agreement. Staff interested in a 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

*If you agree to a FWA for hourly staff, please review the hourly guidelines. Supervisors must ensure Human Resources receives the completed and signed FWA three (3) work days prior to the end of the payroll period that the FWA start date falls under.

***Please send completed
& signed form to:***
1090 James H. Zumberge
Allendale, MI 49401
Fax (616) 331-9365



***If you have questions
or require more information,
contact us at:***
Phone (616) 331-2215
www.gvsu/healthwellness