

FLEXIBLE WORK ARRANGEMENTS EMPLOYEE DISCUSSION TOOL

Use this form to outline any proposed flexible work arrangements between the University and an employee where both parties agree to alter the work arrangements on a conditional basis, subject to operational requirements, and the principles and provisions outlined in the Flexible Work Arrangements Policy. Accommodations and accessibility are outside of the scope of this policy. For assistance with accommodations or accessibility requirements, please contact your human resources consultant.

This is a: New FWA Agreement Existing FWA Agreement

Employee Name:	Employee ID:
Position Title:	Unit:
Manager Name:	

SECTION A

Use the following section to outline the details of your proposed flexible work arrangement(s).

FT₁ – compressed work week & FT₂ – variable hours

Outline your anticipated work schedule below, and any details on how you will accomplish your tasks. In your outline, considerations will need to be made if your team has set *core hours* or *anchor days* that impact your schedule.

FT₃ – job sharing

Outline the proposed details of your job-sharing agreement, including who you will be sharing a job with, how the duties will be split, and the anticipated schedules of both employees.

FL1 – blended work

Outline the proposed details of your blended work arrangement including if you will have a structured or flexible approach. You will need to confirm you have a safe environment to work in, and that you've set up your workstation ergonomically based on all RRU procedures and training. In your outline, considerations will need to be made if your team has set *anchor days* that impact your schedule.

FL2 – fully remote work

***Fully remote work arrangements are the exception and will be granted only under extraordinary circumstances upon the approval of the relevant Vice-President or President.**

Outline the proposed details of your remote work arrangement including if the anticipated start and end dates. You will need to confirm you have a safe environment to work in, and that you've set up your workstation ergonomically based on all RRU procedures and training.

SECTION B

Signatures

Employee signature:

Date:

Manager signature:

Date: