

FLEXIBLE WORK ARRANGEMENT (FWA) PROPOSAL FORM

Name		Date Submitted	
MIT Address		MIT Phone	
Title		Requested Start Date	
IS&T Area and Group		Supervisor/Manager's Name	

Type of Flexible Work Arrangement Being Proposed (X):			
Flexible Hours		Telecommuting	

CURRENT AND PROPOSED WORK SCHEDULE

(Please indicate location if it is not a MIT workplace: e.g., home on Thursdays).

Current Work Schedule

Proposed Work Schedule

Day	Start Time	End Time	Location	Day	Start Time	End Time	Location
Sunday				Sunday			
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			

1. Describe the business rationale or personal reason why you are proposing this work arrangement.

2. Describe how you will accomplish your job under the proposal arrangement (i.e., communications, availability, meeting work objectives, etc.).

3. Describe the impact your proposed flexible work arrangement will have on the following groups: clients (external and internal), co-workers, supervisors/managers, supervisees, MIT, and your department or office (e.g., space, cost, retention, savings, and morale).

4. Describe the solutions you propose that will overcome any challenges presented by this arrangement (i.e., to clients, co-workers, management, etc.).

FLEXIBLE WORK ARRANGEMENT (FWA) PROPOSAL FORM

I understand that MIT is not obligated to approve a proposal for a flexible work arrangement for any employee. The decision is at the discretion of my supervisor/manager. Flexible work schedules are subject to ongoing review and may be subject to termination at any time based on performance concerns or business needs. Generally, the supervisor/manager or the employee should give at least 30 days notice in advance of ending or changing an arrangement, business needs permitting. In some instances, a resumption of the alternatives should be identified.

Employee Signature		Date	
Supervisor/Manager's Signature		Date	
Area Associate Director's Signature		Date	
<i>Request Approved</i>		<i>Request Denied*</i>	
First arrangement review date			

**Note: change of status may be necessary*

- If it is agreed to continue with this arrangement at that time, this agreement should be re-approved (at minimum) on an annual basis.
- If request is not approved, please provide an explanation indicating your business reasons (below):

