MIT Flexible Work Arrangement Proposal Form

Complete this form and share with your manager/supervisor.

Name: _______________________________ Date submitted: __________

MIT address: ___________________________ MIT phone: ______________

Title: _______________________________

Current status: ☐ Full-time  or  ☐ Part-time  |  ☐ Exempt or  ☐ Non-exempt

Department: ___________________________

Supervisor/Manager Name: ______________________________

Requested start date: ___________________________

Type of Flexible Work Arrangement Being Proposed (see page 2 for description):

☐ Flexible Hours  ☐ Telecommuting*  ☐ Other*

☐ Compressed Work Week  ☐ Part-Time Schedule

* Please note that telecommuting cannot be used while caring for a dependent, or while performing other significant responsibilities.

** If you are proposing a job-sharing arrangement, indicate the name of your job share partner and submit your proposals together.

*** If your flexible work arrangement is other than those described above, please attach a description or describe below.

(Continued on next page)
CURRENT AND PROPOSED WORK SCHEDULE

Please indicate location if it is not an MIT workplace, e.g., home on Thursdays.

<table>
<thead>
<tr>
<th>Current Schedule</th>
<th>Proposed Schedule</th>
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<tbody>
<tr>
<td>Start-End</td>
<td>Total</td>
</tr>
<tr>
<td>Sunday</td>
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<td>Monday</td>
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<tr>
<td>Saturday</td>
<td></td>
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</tbody>
</table>

Work Responsibility Details

Below or on a separate piece of paper, please answer the following questions. Please be as specific as possible.

1.  Describe the business rationale associated with your proposed flexible work arrangement.

2.  Describe how you will accomplish your job under the proposal arrangement. Be specific.

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, morale).

4.  Describe the solutions you propose to overcome any challenges presented by this arrangement.

5.  Explain how client needs will be handled in your absence if applicable (e.g., backup, buddy system, voicemail).
6. Describe how regular communication will be handled.

7. Describe how and when your work will be reviewed and measured, and how your performance will be assessed. (The arrangement should support any goals or objectives you have set for the year.)

Signature

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 original schedule may no longer be possible and alternatives should be identified.

_________________________________________  ____________________________________________
Employee Signature                      Supervisor/Manager Signature
Date                                     Date

☐ Request approved    ☐ Request denied*

*If request is not approved, please attach or include an explanation indicating your business reasons.

Note: Change of status may be necessary

Trial period: Arrangement will be reviewed on _____________

Following completion of the process, copies of this form and any attachments should be added to the departmental file, and provided to the employee.
☐ I have read and agree to the Guiding Principles and the Communication Norms for the MIT Libraries IT FlexWork Pilot

[Name]          [Date]

[Signature]