



HSC Flexible Work Arrangement (FWA) Form

This form is used for long-term arrangements where a flexible schedule, compressed workweek or working from a remote location is requested by an HSC team member and approved according to [policy](#).

HSC team members and supervisors are required to complete an [online training course](#) related to Flexible Work Arrangements prior to submission of the form. Training is found at the bottom of the opening page in the “Recommended” section. Submit completed forms (APPROVED OR DENIED) to HSC.HR@untsystem.edu.

SECTION 1 - TO BE COMPLETED BY TEAM MEMBER

Team Member Name	Employee ID #	Job Title
Status	Supervisor Name	
Date Submitted to Supervisor	Department ID #	Department
Flexible Arrangement Type:	Proposed Start Date	Proposed End Date
Compressed Week		
Flexible Schedule		
Remote Working		

Provide a description of the arrangement you are requesting:

SECTION 2 – TO BE COMPLETED BY SUPERVISOR

This proposal is:

- approved
- approved, with supervisor amendments
- not approved

Final description of the arrangement as amended by the supervisor and agreed upon with the team member:

If the team member's proposal is NOT approved, provide the reason here:

Team Member Signature Date

Supervisor Signature Date

Secondary Supervisor Signature Date

Human Resources Signature Training Verified Date

The completed form and a copy of the Flexible Work Arrangement Policy has been given to the team member and reviewed with the team member by the supervisor. Additional information about the Flexible Work Arrangement policy can be found in [PolicyTech](#)
