

## Lake Forest College Flexible Work Option Request/Approval Form

This document is intended to ensure that both the manager and the employee have a clear, shared understanding of the employee's flexible work arrangement. Each arrangement may be unique depending on the needs of the position, manager, and employee. The general expectation for a flexible work arrangement is that the employee will effectively accomplish their regular job duties, regardless of work location or schedule. For details, review the Flexible Work Options policy.

This agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

### Employee Information

Employee Name:	
Job Title:	
Department:	
Manager:	
Arrangement effective dates:	-

### Remote/Occasional Telecommute (Outline Proposed 2-Week Schedule, if necessary)

	Monday	Tuesday	Wednesday	Thursday	Friday
Work Hours					
Work Hours					
Work Location <i>(on-site or telework)</i>					

### Flextime/Compressed Work Week (Outline Proposed 2-Week Schedule, if necessary)

	Monday	Tuesday	Wednesday	Thursday	Friday
Work Hours					
Work Hours					
Work Location <i>(on-site or telework)</i>					

*Note: The compressed/flex work week arrangement may not be applicable for individual employees in certain student-facing or other service departments, which due to the nature of the services they offer, will require variations of compressed workweeks or flexible work in order to provide services on evenings and weekends.*

Note: All proposals for full time employees must total 37.5 hours per week or 75 hours per two-week period.

I have read and understand the College's Flexible Work Options policy and agree to the terms and conditions set forth by the policy. By signing this Flexible Work Option Agreement, I also understand that it is my responsibility to perform all job responsibilities in accordance with the performance standards and expectations that have been established. I am responsible for furnishing and maintaining my alternate work site, including technology and computer equipment. I will notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness or other circumstances. I understand that telework is not substitute for dependent care or adult care. I understand that my request for occasional telework may be denied due to the department/college's business needs. Lake Forest College has a right to discontinue this arrangement at any time and for any reason; however, every effort will be made to provide at least