## FLEXIBLE WORK ARRANGEMENT REQUEST FORM FOR REGULAR RANK FACULTY MEMBERS

For Policy Effective 7-1-07 Revised 5-2-2024

Faculty Member's Name:			
Rank:			
Department/School:			
Faculty Flexible Work Arrangement Per	ind (no less t	han 6 months and no more than	3 years: excention:
retirement agreements may be longer with approval of			o years, exception.
Begin Date: End Date:		<b>Total Time Requested:</b>	
This is a (check one): New Request:		Renewal Request:	
If renewal, what was total accumulated prior time	e?		
Reason for requesting Faculty Flexible V	Vork Arrai	gement (select one):	
Personal health/medical		Childcare	
Retirement transition		Adultcare	
Other (please specify:)			
1 7			
For Pre-tenured Faculty on the Tenure Track, Automatic Tenure Clock Relief:  Faculty members on the tenure track are automatically eligible for 3 months of tenure clock relief for each full			
year on a Faculty Flexible Work Arrangement (n			
Policy).		• • • • • • • • • • • • • • • • • • •	1011110
I request tenure clock relief for a	a total of		months
I decline tenure clock relief.			
Is any portion of your salary supported by	y sponsore	ed funds? (select one):	Yes No
Faculty Flexible Work Arrangement Details			
A memorandum of understanding between the faculty member and the department chair, if applicable, or			
dean of the school shall be submitted with this request. This memo shall detail the agreed upon modification			
in duties and salary. The memorandum of understanding may be attached to this document or information may be pasted in the space provided below.			
Note: if adjustment to University compensation is recommended, a separate payroll transaction (iForm)			
must be submitted.			
Please sign below indicating your approval of above:	of the Facult	y Flexible Work Arrange	ment outlined
Faculty Member's Signature		Date	
Chair's Signature		Date	
Dean's Signature*		Date	