

Flexible Work Arrangement Request Form

INSTRUCTIONS

Employee:

1. Review the full guidelines. It is advisable to meet with your manager before completing and submitting the Request Form.
2. Prior to completing the form, communicate with your HR Advisor/Representative to understand any local policies and practices in place in addition to the general guidelines.
3. Complete sections 1 to 3 of the Request Form.
4. Email the completed Request Form to your manager, copying your local HR Advisor/Representative.

Manager:

1. Review the full guidelines on the FWA [webpage](#).
2. Consult with your HR Advisor/Representative to understand any local policies and practices related to the review/approval process.
3. Communicate your decision to your Employee.
4. Email the signed and completed Request Form to your [local HR Advisor/Representative](#)

HR Advisor/Representative:

1. Review the completed Request Form.
2. Follow up with the manager with any questions/concerns.
3. When necessary, obtain signatures for union agreement and email a copy to the employee, and union.
4. Sign the completed Request Form and email to central HR at flexwork@mcgill.ca , including signed union agreement when necessary.

1. EMPLOYEE INFORMATION:

Name:

McGill I.D.:

Position / PED Title:

Department:

Supervisor:

Faculty / Administrative Unit:

Requested Start Date:

Requested End Date:

- Current Status:** Trial **Or** Probation Period* Performance Improvement Plan (PIP) *
- Full Time **Or** Part Time
- Temporary **Or** Developmental Assignment
- Regular **Or** Term **Or** Casual
- Clerical/Technical/LA
- Management, Professional & Excluded
- Trades/Services

* If you are currently in either of these categories, please be aware that you are not currently eligible to apply for the FWA Pilot Program.

2. TYPE OF FLEXIBLE WORK ARRANGEMENT REQUESTED:

Flextime: *Employee opts for an alternative start and end times but the total daily or weekly hours worked remain as the standard workweek e.g. 33.75/35 hours/week.

Requested Schedule:

Day	Arrival Time	Lunch Start Time	Lunch End Time	Departure Time	Total Number of Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Work from Home: Employee opts to work from home-office for up to 1 day per week.

Off-site work will take place at the following address:

Address:	
City:	
Home Phone:	
Cell Phone:	
IM:	
Skype:	

Requested schedule for Work from Home. (Maximum 1 day – 6.75/7hours):

Day	Start Time	Lunch Start Time	Lunch End Time	Finish Time	Total Number of Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

*For SEU employees, union approval is needed to modify working hours or working shifts. Minimum labour standards must apply. (e.g. lunch must be at minimum 30 minutes)

3. THINKING THROUGH THE DETAILS OF YOUR REQUEST

Please answer the questions below and be as specific as possible.

1. Describe aspects of your position that make this request feasible:

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2. Describe challenges that may arise as a result of this arrangement with the groups below (e.g. participation in staff meeting, interdependencies with other colleagues for department needs, meeting client needs, staff supervision, etc...), and which solutions you propose to address these challenges:

- a. Clients/ Stakeholders / Students:

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- b. Your team, other co-workers & faculty:

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- c. Your manager:

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- d. Your direct reports, if applicable:

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3. How will you, with your manager, measure effectiveness of the work during FWA?
(Examples may include objectives, detailed tasks, deliverables etc...)

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4. Proposed methods and frequency of communication with your supervisor and colleagues
(When: time frames, how often... and How: Skype: phone etc...)

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4. FLEXIBLE WORK ARRANGEMENT DECISION:

Request Approved:

1. Please complete and sign the FWA Agreement (**section 5**).
2. **If the FWA includes WORK FROM HOME, please complete and sign section 6 and attach completed and signed Health & Safety checklist. Add Link**
3. For SEU employees, if the FWA request changes the working conditions provided in the collective agreement, union agreement must be obtained prior to modifying those working conditions.

Request Declined:

1. Inform your HR Advisor/Representative prior to speaking with your employee (or follow local procedures for communicating decision).
2. Schedule a meeting time to discuss the reasons for declining and an action plan if applicable.

Manager's Signature:.....

Date:.....

Reviewed by HR Advisor / Representative signature:..... Date:.....

5. FLEXIBLE WORK ARRANGEMENT AGREEMENT:

1. The employee understands that any additional hours involving overtime, at any workplace, must be approved in advance by the supervisor;
2. The employee agrees that all obligations, responsibilities, terms and conditions of employment with the University remain unchanged, except those obligations and responsibilities specifically addressed in this Agreement;
3. This FWA may be modified or terminated at the request of the manager or the employee with a 30-day written notice. This notice can be shortened with the agreement from all parties.

I hereby affirm by my signature that I have read this agreement and understand and agree to all of its provisions.

Employee Signature:.....

Date:.....

Manager's Signature:.....

Date:.....

FWA Start Date:.....

Date of First Review: (within 3 months).....

6. FLEXIBLE WORK ARRANGEMENT AGREEMENT/ WORK FROM HOME:

If requesting to Work From Home, you must complete this additional form

1. The employee agrees to remain accessible during designated work hours, and agrees that the FWA may be modified or terminated at the request of the manager or the employee with a 30-day written notice. This notice can be shortened with the agreement from all parties;
2. The employee agrees to maintain a safe, secure, and ergonomic work environment and to report work-related injuries to the supervisor immediately. Employee agrees to hold the University harmless for third party injury at the alternate work site;
3. The employee agrees to be responsible for providing computer equipment, space, telephone, printing, networking and/or Internet capabilities at the alternate worksite, and understands that these and related expenses will not be reimbursed by the employer. The employee confirms to have read and to abide by the privacy and confidentiality requirements set by the unit/department and the [IT University policies and procedures](#) concerning data protection and records management and [IT Resources for Faculty & Staff Working from Home](#)
4. The employee agrees to properly secure and ensure the privacy of any Employer information, records and materials while working at the alternate worksite. The employee agrees to report to the supervisor instances of loss, theft, damage, or unauthorized access as soon as the employee becomes aware of it;
5. The employee agrees that all records, and materials provided by the University shall remain the property of the Employer;
6. The employee agrees that, within a reasonable written notice and at a mutually agreed upon time, the Employer may make on-site visits to the alternate worksite to ensure that the designated workspace meets the safety requirements provided in the WFH Health and Safety Guidelines.

I hereby affirm by my signature that I have read this agreement and understand and agree to all of its provisions.

Employee Signature:..... Date:.....

Manager's Signature:..... Date:.....

Trial Period Start Date:..... Date of First Review:.....