FLEXIBLE WORK ARRANGEMENT REQUEST FORM FOR REGULAR RANK FACULTY MEMBERS

For Policy Effective 7-1-07 Revised 8-7-2024

Faculty Member's Name:							
DUID:							
Rank:							
Department/School:							
Faculty Flexible Work Arrangement Per retirement agreements may be longer with approval of	iod (no less that of Dean, Provost	n 6 months and no more than and University Counsel)	3 years;	exception:			
Begin Date: End Date:		Total Time Requested:					
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 Arranc	rement (select one):					
Personal health/medical Childcare							
				dultcare			
Other (please specify:)							
other (preuse speerigt)							
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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 (not to exceed 36 months as outlined in the Tenure Clock Relief							
Policy).	iot to caccea o	months as outlined in the	- cnui c	Clock Ite	1101		
I request tenure clock relief for a total of			mont	hs			
I decline tenure clock relief.							
Is any portion of your salary supported by sponsored funds? (select one): Yes No							
Faculty Flexible Work Arrangement Details							
A memorandum of understanding (MOU) 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. Enter "See attachment" below if separate MOU is provided.							
Note: If adjustment to University compensation is recommended, a separate payroll transaction (iForm)							
must be submitted.							
Please sign below indicating your approval above:	of the Faculty	Flexible Work Arrange	ment o	utlined			
Faculty Member's Signature		Date					
Chair's Signature		Date					
Dean's Signature*		Date					