

**FLEXIBLE WORK ARRANGEMENT (FWA) REQUEST AND
MEMORANDUM OF UNDERSTANDING
FOR REGULAR RANK FACULTY MEMBERS**

For Policy Effective 7-1-07

Revised 1-10-2025

Complete a FWA when work effort (inclusive of VA eighths time) is being reduced to <70% and compensation needs to be adjusted. A regular rank faculty member on a FWA maintains their regular-rank status (and university benefits eligibility) when the work schedule is reduced for an extended period.

Faculty Member's Name:	
DUID:	
Rank:	
Department/School:	

Faculty Flexible Work Arrangement Period (no less than 6 months and no more than 3 years; exception: retirement agreements may be longer with approval of Dean, Provost and University Counsel)

Begin Date:		End Date:		Total Time Requested:	
Is this request (select one)?		New		Renewal (enter total accumulated prior time)	

Reason for requesting Faculty Flexible Work Arrangement (select one):

<input type="checkbox"/>	Personal health/medical	<input type="checkbox"/>	Childcare
<input type="checkbox"/>	Retirement transition	<input type="checkbox"/>	Adultcare
<input type="checkbox"/>	Other (please specify:)		

For Pre-tenured Faculty on the Tenure Track, Automatic Tenure Clock Relief

Tenure-track faculty members automatically receive 3 months of tenure clock relief for each year on a Faculty Flexible Work Arrangement (cannot exceed 36 months as outlined in the Tenure Clock Relief Policy).

<input type="checkbox"/>	I decline (opt out of) tenure clock relief.
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Is any portion of your salary supported by sponsored funds? (select one):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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MEMORANUDM OF UNDERSTANDING

Note: If adjustment to University compensation is recommended, a separate payroll transaction (iForm) must be submitted.

Modification in Duties:					
Work Schedule Changes: (expressed as % of full department workload)	From:		%	To:	
			Person months		Person months
Monthly-paid Annual Salary: (exclusive of Incentive and Other Pay opportunities per department compensation plan)	Base:	From:	\$	To:	\$
	Add'l:	From:	\$	To: <small>(anticipated)</small>	\$
	Total:	From:	\$	To: <small>(anticipated)</small>	\$
Revised Effort Distribution: (total to equal 100%)	DHIP %:		SOM %:		Other %:
					Specify:
Additional notes:					

Please sign below indicating your approval of the Faculty Flexible Work Arrangement and Memorandum of Understanding outlined above.

Faculty Member's Signature	Date
Chair's Signature	Date
Dean's Signature*	Date

Attach the signed FWA/MOU with salary details redacted to the dFac form.
Submit Salary, Effort and/or Appointment % (SEA) Change Form in RedCap (SOM compensation only) or Heisenberg (SOM/DHIP).