REDUCED WORK SCHEDULE ARRANGEMENT

**SCREENING TOOL AND REQUEST**

The success of a reduced work schedule arrangement is dependent on it being a mutually beneficial arrangement for the unit and the employee. This form is designed to be completed by the employee to facilitate a positive discussion between the supervisor and the employee. It is important that all questions are answered, and the supervisor and employee review the answers together to determine the feasibility of the arrangement. In addition, the employee’s past work performance is reviewed to enhance decision making.

In the event that the supervisor and employee cannot reach agreement regarding the feasibility of the reduced work schedule arrangement, it is not considered a right of employment.

# EMPLOYEE INFORMATION

Employee Name:

Classification Title:

Office:

Supervisor Name:

Date Submitted to Supervisor:

# PROPOSED REDUCED WORK SCHEDULE ARRANGEMENT

Describe the work schedule/hours you are proposing:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Total Weekly Hours:

# FIT OF REDUCED WORK SCHEDULE ARRANGEMENT TO INDIVIDUAL AND POSITION

1. Can your job responsibilities be performed just as well or better during the hours of the reduced work time arrangement that you are proposing? Choose an item.
2. If you are permitted to work the schedule you are proposing, will your co-worker’s responsibilities or work tasks remain the same? Choose an item.

(If you answered no to questions 1 or 2, a reduced work arrangement may not be appropriate for you.)

1. Does your job require you to be at your work site during the regular work week/work hours?

 Choose an item.

1. Would the work schedule you are proposing adversely affect customer service?

Choose an item.

1. Would the work schedule you are proposing adversely affect the unit’s productivity?

Choose an item.

1. Would the work schedule you are proposing adversely affect the other employees of your department?

Choose an item.

1. Would the work schedule you are proposing adversely effect communication between you and your supervisor, or you and your colleagues?

Choose an item.

1. Would the work schedule you are proposing adversely effect your job responsibilities or tasks?

Choose an item.

1. Would the work schedule you are proposing adversely effect your supervisor’s ability to supervise you?

Choose an item.

If you answered **YES** to any question, 3 through 9, please explain your response and identify a solution to remedy the adverse effect.

If available, attach your last year’s performance review.

After completing the above, submit the document to your supervisor and schedule an appointment to discuss your flexible work arrangement request.

# FINDINGS OF THE REVIEW

We,       and      , have discussed this request for a reduced work time arrangement. At this time, the reduced work time arrangement request is (please check):

[ ]  Recommended. If recommended, the request will be submitted to the Office of Human Resources (OHR) for final review and approval. A response from the Classification & Pay Personnel Analyst is requested by

[ ]  Not recommended. If not recommended, provide rationale.

# REDUCED WORK SCHEDULE ASSIGNMENTS

If there are assignments specific to the arrangement, please list below:

# REDUCED WORK SCHEDULE ARRANGMENT SCHEDULE

Describe the approved work schedule/hours:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Daily Meal Period:

Daily Paid Breaks:

# ACKNOWLEDGEMENT

Employee’s Signature and Date:

Supervisor’s Signature and Date:

# RESPONSE BY THE CLASSIFICATION AND PAY ANALYST

At this time, the reduced work schedule arrangement request has been:

[ ] Approved

[ ] Approved, with the stipulation

[ ] Denied. If denied, the reason for the denial follows.

C&P Personnel Analyst Signature and Date:

cc: Attendance Clerk

 Personnel Specialist