Division of Graduate and Undergraduate Education

GUE FlexWork Form

Complete this form with your manager/supervisor.

Name: _____ Date submitted: _____

MIT address: _____ MIT phone: _____

Title: _____

Current status: ☐ Full-time or ☐ Part-time | ☐ Exempt or ☐ Non-exempt

GUE Office: _____

Supervisor/Manager Name: _____

Effective date: _____

Type of FlexWork Arrangement (see page 2 for description):

- ☐ Remote Primary: Comes into office as needed or for special events
- ☐ Hybrid-Formal: Set Schedule (ex. M/W/F in office, T/Th remote)
- ☐ Hybrid-Flex: Employee determines days in office and days remote (within parameters)
- ☐ Office Primary: May work remotely on occasion
- ☐ Other

All options may be eligible for other forms of flexibility
(flex hours, alternative schedules, compressed work-week, etc.)

Please indicate location – either MIT or Remote. Feel free to add additional information if this is going to change cyclically.

	Agreed upon schedule		
	Start-End	Total	Location
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please include any additional information you'd like to capture regarding the schedule:

Work Responsibility Details

1. *Describe when, and using what methods, your colleagues and clients (students, faculty, staff) can reach you.*

2. *Describe any resources or additional support you might require to ensure this arrangement is successful. Include any technology requests.*

3. *Describe how, working together, you propose to overcome any challenges that might arise from this arrangement.*

Office specific expectations (if any):

Signature

I understand that MIT is not obligated to provide FlexWork arrangement for any employee. FlexWork approval is at the discretion of the manager/office leadership. Flexible work schedules are subject to ongoing review and may be subject to termination at any time based on performance concerns or business needs. Generally, the manager/office leadership or the employee should give ***at least*** 15 days' notice in advance of ending or changing a FlexWork arrangement, business needs permitting.

By signing this form, you attest that ***you have read and agree to honor*** the OVC FlexWork Guidelines. This form and any attachments will become part of your personnel file.

X _____

Employee Signature & Date

X _____

Manager Signature & Date

X _____

Office Head Signature & Date

Arrangement will be reviewed by employee and manager on _____.