

How to Complete the FWA Form

Prior to accessing the FWA form, all employees will need to complete page 1 (PowerForm Signer Information), indicating their name & UMass email address as well as the name and email addresses of their immediate Supervisor and VC/Dean/Designee. This page has required fields and will need to be fully completed (*) to move forward. Once the information has been filled in, the requester will click the “Begin Signing” button underneath the page to start with the Flexible Work Request Form. Once completed, the form will be forwarded

This page is divided into three sections: “**Employee**”, “**Supervisor**”, and “**Vice Chancellor/Dean/Designee**.” See below for detailed instructions on how to complete this section:

- I. **Employee**; the requester will type their full name (first and last) and will provide their UMass email.
- II. **Supervisor**; the requester will type their direct supervisor's full name (first and last name) and their UMass email.
- III. **Vice Chancellor/Dean/Designee**; the requester will type the head of the unit/school or the VC/Dean/Designee’s full name (first and last name) along with their UMass email address. **If unsure of who that should be, staff should contact their department’s HR representative for guidance.**

PowerForm Signer Information

Please enter the name and UMass email for each signer below. Signers will receive an email inviting them to sign this document and all parties will receive a copy at the end of the signing process.

If you're unsure of the appropriate Supervisor and/or Vice Chancellor/Dean/Designee names, please contact an HR representative in your department for assistance.

Note: If you will be leaving the form open without working on it for more than 20 minutes, please click FINISH LATER on the next screen to save. The page will time-out due to security settings after 20 minutes of inactivity.

Please enter your name and email to begin the signing process.

Employee

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Supervisor

Name: *

Email: *

Vice Chancellor/Dean/Designee

Name: *

Email: *

BEGIN SIGNING

Section 1: Employee Information

The requester must complete all fields in **Section 1: Employee Information** to submit the form successfully. Add all details about the employee's current role i.e., job title, the full name of their supervisor, department, employee ID, and union status.

SECTION 1: EMPLOYEE INFORMATION

John Smith	Human Resources Administrator
Name	Job Title
Jane Smith	Human Resources
Supervisor	Department
12345678	PSU
Employee ID Number	Status – e.g., USA, PSU, Non-Unit

The 8-digit employee ID can be found on pay statements or in HR Direct.

Section 2: Work Schedule

Once the “Section 1: Employee Information” has been completed, the requester should begin completing “Section 2: Work Schedule”.

Employees currently on or requesting a flexible or remote schedule that will remain the same each week should enter their proposed schedule in the included table. Complete the table with the start and end time for each day under the correct category (on-site vs. off-site) and the number of hours each day. Empty tabs should indicate "N/A".

Employees with variable flexible schedules must include the percentage of work on-site vs. work off-site in the spaces provided. They should also add an example of their schedule in the table.

SECTION 2: WORK SCHEDULE

Please complete the chart below by documenting your proposed regular work location and work schedule on each workday (attach additional sheets, if necessary). For hybrid schedules where the days on-site and off-site may vary, document percentage of workweek on-site 60 and percentage of workweek off-site 40. Please provide a sample schedule in the chart and make note of any specifics in the comment section.



Day	Onsite Start/End Times	Remote Start/End Times	Work Hours
Monday	9 AM - 5 PM	n/a	8
Tuesday	N/A	9 AM - 5 PM	8
Wednesday	9 AM - 5 PM	N/A	8
Thursday	N/A	9 AM - 5 PM	8
Friday	9 AM - 5 PM	N/A	8
If applicable			
Saturday			
Sunday			
COMMENTS			

Note: Employees can attach any supporting documents by clicking on the yellow box above

Section 2: Work Schedule - Fully Remote

If an employee requests to work fully remotely a 0 should be placed in the first tab indicating 0% on-site and 100 in the second tab indicating 100% off-site. In the table, add work hours under "Remote Start/End Times" and place an "N/A" under "Onsite Start/End Times".

SECTION 2: WORK SCHEDULE

Please complete the chart below by documenting your proposed regular work location and work schedule on each workday (attach additional sheets, if necessary). For hybrid schedules where the days on-site and off-site may vary, document percentage of workweek on-site 0 and percentage of workweek off-site 100. Please provide a sample schedule in the chart and make note of any specifics in the comment section.



Day	Onsite Start/End Times	Remote Start/End Times	Work Hours
Monday	N/A	9 AM - 5 PM	8
Tuesday	N/A	9 AM - 5 PM	8
Wednesday	N/A	9 AM - 5 PM	8
Thursday	N/A	9 AM - 5 PM	8
Friday	N/A	9 AM - 5 PM	8
If applicable			
Saturday			
Sunday			
COMMENTS			

Section 2: Work Schedule - Location

In this section, employees should indicate the city and the state of their off-site work location. For example, if remote work will take place at your home, add the city and the state where you live. This is being tracked in order to ensure that appropriate state taxes are paid for the location in which an employee is working remotely.

All hours worked must be reported, and overtime requires supervisor pre-approval even when a flexible work arrangement exists.

Primary Location of Remote Work City: State:

If the above outlined work arrangement cannot be implemented, do you have an alternate request?

Section 3: Work Responsibility Details

Employees are encouraged to complete Section 3 to the best of their ability and discuss the content with their supervisor to make sure that the work arrangement is supported and successful for both the employee and the department.

SECTION 3: WORK RESPONSIBILITY DETAILS

Please answer the following to the best of your ability; these questions can be responded to below or discussed with your Supervisor prior to determination of your request for flexible work.

- Describe how you will accomplish your job duties under the proposed arrangement.
- Describe how you plan to maintain regular communications with internal and/or external groups (i.e. supervisors, colleagues, clients, and others) with your flexible working arrangement.
- Do you believe there could be any effects to your job duties as a result of your flex schedule (i.e. mail, guest services, walk-ins, etc)?
- Do you have access to appropriate equipment, internet, workspace, etc. at your remote work location? If not, please explain.
- Feel free to include any additional information you believe would help support your request and show that your flexible work arrangement will meet the needs of your department.

Section 4: Duration And Review

SECTION 4: DURATION AND REVIEW

This Flexible Work Arrangement (FWA) will begin on:

It is expected that an employee's flexible work arrangement will be a regular topic of discussion during meetings with the employee's supervisor. Employees and supervisors are encouraged to discuss how the flexible work arrangement is working for both parties and what steps can be taken to ensure the employee's success in a flex work environment. At a minimum, the supervisor should fully review the FWA with the employee on an annual basis, potentially as part of the normal annual performance evaluation process. The anticipated review date for this FWA is .

If this FWA is for a limited duration, please note the specific end date: .

Modifications to this FWA and the dates it is in effect can be made pursuant to the Flexible Work Guidance.
<https://www.umass.edu/humres/flexible-work>

Staff members currently on an FWA should enter the date they are completing the form. Those requesting a new FWA should enter the date they would like the arrangement to begin.

As outlined, FWAs should be reviewed informally as a regular component of performance management. The expectation is that the arrangement will at least be reviewed annually.

Section 5: Signatures And Approvals (Requester)

Once the form is complete and ready to send to the supervisor, employees can electronically sign in the space provided and hit the "Finish" when done. An email will be generated to the immediate supervisor requesting their review.

You will receive notification in your email when the process has been completed.

SECTION 5: SIGNATURES AND APPROVALS

By signing this proposal, I confirm that I have reviewed, understand, and agree to abide by the Flexible Work Arrangement Guidelines and applicable University and department policy and provisions, which include but are not limited to the topics covered in this agreement.



4/10/2023

EMPLOYEE'S SIGNATURE

DATE

Based on a review of suitable considerations, we have concluded that the Flexible Work Arrangement is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the agreement set forth above (or attached).

SUPERVISOR SIGNATURE

DATE

If denied or altered, basis for denial or changes:

VICE CHANCELLOR /DEAN/ DESIGNEE
SIGNATURE (As Required)

DATE

Comments:

If the request is denied or the agreement as written is altered, the supervisor should have a meeting with the employee to discuss the business rationale for the denial and/or modification and to explore if any other flexible work options may be available. A denial should be based on legitimate reasons such as operational need, staffing needs, or documented performance issues. Following completion of the process, copies of this form and any attachments should be provided to the employee and included in their personnel file.

Section 5: Signatures And Approvals (Supervisor)

The supervisor will access and review the form using the link sent to their email. The supervisor's signature can be added by clicking on the yellow tab.

Any decision to deny an employee's request must be indicated in the section provided with a written justification for the decision.

Additional comments can be added in the area marked "Comment" at the end of the page. Once completed, the supervisor will click "Finish" to send the form to the next approver.

SECTION 5: SIGNATURES AND APPROVALS

By signing this proposal, I confirm that I have reviewed, understand, and agree to abide by the Flexible Work Arrangement Guidelines and applicable University and department policy and provisions, which include but are not limited to the topics covered in this agreement.

DocuSigned by
Jalen Smith
F218813729834183

EMPLOYEE'S SIGNATURE

4/10/2023

DATE

Based on a review of suitable considerations, we have concluded that the Flexible Work Arrangement is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the agreement set forth above (or attached).



SUPERVISOR SIGNATURE

4/10/2023

DATE

If denied or altered, basis for denial or changes:

VICE CHANCELLOR /DEAN/ DESIGNEE
SIGNATURE (As Required)

DATE

Comments:

If the request is denied or the agreement as written is altered, the supervisor should have a meeting with the employee to discuss the business rationale for the denial and/or modification and to explore if any other flexible work options may be available. A denial should be based on legitimate reasons such as operational need, staffing needs, or documented performance issues. Following completion of the process, copies of this form and any attachments should be provided to the employee and included in their personnel file.

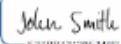
Section 5: Signatures and Approvals (Designee)

The VC/Dean or Designee will be the final signature required. This person will review and sign the form and click "Finish" to finalize the process.

If the final approver assigned is not the correct designee, that person can redirect the form to the correct approver by clicking "Other Action" on the top menu and selecting "Assign to Someone Else." A new box will pop up to add their full name (first and last name) and work email. A brief justification can be provided if needed in the empty box. It will send an email to the correct approver to complete the request.


SECTION 5: SIGNATURES AND APPROVALS

By signing this proposal, I confirm that I have reviewed, understand, and agree to abide by the Flexible Work Arrangement Guidelines and applicable University and department policy and provisions, which include but are not limited to the topics covered in this agreement.

DocuSigned by:

EMPLOYEE'S SIGNATURE


4/10/2023
DATE

Based on a review of suitable considerations, we have concluded that the Flexible Work Arrangement is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the agreement set forth above (or attached).

DocuSigned by:

SUPERVISOR SIGNATURE

4/10/2023
DATE




If denied or altered, basis for denial or changes:



4/10/2023
DATE

VICE CHANCELLOR /DEAN/ DESIGNEE
SIGNATURE (As Required)

FINISH **OTHER ACTIONS ▾**

- Finish Later
- Assign to Someone Else**
- Decline to Sign
- Help & Support 
- About DocuSign 
- View History
- View Certificate (PDF) 
- Session Information

Assign to Someone Else

New Signer's Name *

New Signer's Email *

Provide a reason for assigning to someone else

250 characters remaining

The sender and the new signer will be notified of these changes. You will be added as a Carbon Copy (CC) recipient.

ASSIGN **CANCEL**