## FLEXIBLE WORK ARRANGEMENT FORM



The purpose of this form is to document a Flexible Work Arrangement (FWA). It includes the type of FWA(s) and a variety of considerations that need to be accounted for.

Name:	EID:
Ethan Tenison	ert342
Job Title:	Department:
Project Manager for Data Initiatives	LBJ
Exempt	Effective date(s) of arrangement:
○ Non-Exempt	9/1/2021-12/31/21
This is a request for an ADA accommodation*  Yes No	
*Requests for accommodations under the Americans by the <u>Office of Inclusion and Equity</u> . Their office can b	with Disabilities Act must first be reviewed and approved be reached at 512-471-1849 or <a href="mailto:equity@utexas.edu">equity@utexas.edu</a> .
What <u>type of worker</u> are you?	
On-Campus	
O Hybrid Worker	
Local Telework	
<ul><li>Remote Campus Work</li></ul>	
○ Texas Telework	
○ Remote Telework*	
○ International Telework*	
○ International Work*	
*Requires additional approval from central offices. Ple	ease work with your HR person to facilitate approval.
What type of <u>FWA</u> are you requesting?	
O Flextime (hours flexed on a regular basis)	
Occasional Flextime	
○ Reduced Hours/Part Time	
O Compressed Work Week	
• Telework	
○ Job sharing	

## **Requested Schedule:**

	CURRENT WORK HOURS	PROPOSED WORK HOURS	PROPOSED WORK LOCATION
Monday	6	8	home
Tuesday	6	8	home
Wednesday	6	8	home
Thursday	6	8	home
Friday	6	8	home
Saturday			
Sunday			

If working reduced hours, describe how the business needs will continue to be met.					

Describe how communication (i.e., meetings, email, answering phone calls, voicemail, long distance business telephone calls, etc.) will be coordinated with coworkers, supervisor, colleagues, customers, etc. See <u>Creating an FWA Communication Plan</u> and <u>Tools and Resources for Teleworking</u> for more information.

Employee will communicate during work hours by email, virtual meeting software, and personal cell phone. Written requests will be made to my supervisor regarding any adjustments to my work schedule, and will provide as much advance notice as possible.

Describe how and when this arrangement will be evaluated.
This FWA will be evaluated in January 2022 by the supervisor to determine if any job duties are
adversely affected by the flexible work arrangement.
For teleworking requests, please complete the items below noted by an asterisk.
(Not required for proposals not including telework.)
*I ish ware shown all a salis w (s) (shows had due so situ shots and six and six
*List remote workplace location(s) (street address, city, state, and zip code)
110 Jacob Fontaine Ln ap#328
Austin, TX 78752
*Indicate specific and/or various types of assignments to be performed by
employee at the remote work location. Attach, or include, a job description.
Data analysis, program evaluation, improving the CONNECT programs matching algorithm, leads
workshops on data science skills to graduate students, consults on technical projects, builds
dashboards and data analysis tools for public sector clients and student projects.
*List university equipment and software that will be used by the employee in the remote workplace
location and will be returned to the university when this flexible work arrangement ends.
Dell Laptop: DSMLYD3,
ArcGIS,
Adobe Suite of products

*Describe how additional needs for equipment and supplies will be handled
(Communication Device Allowance, reimbursement, no university support).
Employee will communicate equipment needs to Associate Director Moira Porter and Administrative
Manager Jenica Jones and request reimbursement when possible.
*Describe elements of the job that cannot be completed off-site and how they will be handled.
Virtually all my work is done on the computer and does not need to be handeled on-site. Some
workshops in the future will held on campus, in which case I have transportation to attend.
*Describe how information security and privacy requirements will be met.
Work will be conducted on assigned laptop using secure internet connections. No passwords or
logins will be shared with anyone and devices will always be stored in a secure location.
*Describe how university equipment will be maintained.
Equipment will always be stored in a secure and private location.
Equipment will always so stored in a social and private resation.
*The Employee is prohibited from doing the following tasks while teleworking (e.g., printing and storing
Category 1 data at home, saving confidential information on a personal computing device, etc.).
Agreed

expectations may have an adverse effect on my employment and may result in disciplinary action,	
including, but not limited to the immediate withdrawal of this flexible work arrangement.	
	9/15/21
Employee Signature	Date
This proposal is approved	
○ This proposal is denied at this time	
Manager Signature	Date
*CSUs may have additional required approvals. Please consult with your departmental HR person.	
3000 may have additional required approvais. I lease consult with your departmental rift person.	

Date

I have read and understand the above arrangement and certify that I have read and agreed to the UT Expectations for Flexible Work Arrangement document. I understand that my failure to adhere to the

**Optional Signature**