**Flexible Work Arrangement Modification or Termination**

Please discuss with your supervisor before completing this form.

\* Signing Authority Email

Please indicate who is required to approve this form by specifying their e-mail address.

Signing Authority Email: The unit head is the ultimate approver as deﬁned in the *Flexible Work Arrangement Policy*. The unit head is the signing authority unless they otherwise designate someone as the signing authority. Check with your supervisor if you are uncertain about the applicable signing authority for your application.

Employee Details

**\* Employee Name**  **\* Employee ID**

* **Job Title**
* **Department/Unit**
* **Department/Unit Campus Location (e.g. Grenfell, St. John's, etc.)**

\*Current Type of Flexible Work Arrangement (FWA)

**Remote Work** **Reduced Work Week**  **Revised Daily Work Schedule** **Compressed Work Schedule Job Sharing Short-Term Lateral Position Exchange**

\*Current Type of Remote Work Arrangement (RWA)

**Complete Remote Work Hybrid Remote Work**

Updated Remote Work Location and Contact (if applicable)

Provide updated information if there has been a change to your remote work location and/or remote contact information.

 **Address**

**City**

 **Province**

**Postal Code**

**Remote oﬃce phone number**

*\*(if diﬀerent than University-provided phone number)*

\*Flexible Work Arrangement Modification or Termination

**** **Modified to Complete Remote Work**

**Modified to Hybrid Remote Work** (or modified schedule)

**Modified Reduced Work Week**

**Modified Revised Daily Work Schedule**

**Modified Job Sharing**

**Modified Compressed Work Schedule**

**Modified Short-Term Lateral Position Exchange**

**Terminating Flexible Work Agreement or Trial has Ended** (no longer participating in FWA)

Updated Schedule (if applicable)

**** **Varied schedule - Location of work (remote vs. on campus) and hours of work will not be on a set schedule and will vary regularly**

**Set regular schedule - *(Recommended if frequent)* Recognizing occasional variation may occur as agreed to by the Manager/Supervisor and Employee, location (remote vs. on campus) and hours of work will be on a regularly set schedule as outlined below**

**Day**

**Start Time**

**End Time**

**Work Location**

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**Actions**

**Percentage of remote work:**

**Other schedule details**

(E.g. Biweekly)

\*Updated Flexible Work Arrangement Details/Conditions

Please provide details regarding the modified parameters of the proposed FWA below (i.e., schedule, Job Sharing or Lateral Position Exchange position details, etc.)

Additional Comments

Supporting Document Attachments

Please attach any supporting documentation required for the approval/processing of this form below (for details on specific requirements for each FWA, please refer to the Flexible Work Arrangements Resource Guide or contact your HR Advisor).

Attach Documents

Employer/Employee Reviews

**\* Effective Date**

* **End Date**

**FWAs should be approved for a maximum period of one-year with extensions contingent on the continued success of the arrangement.**

\*Employee Agreement

I agree to and understand the **modified conditions** of this flexible work arrangement. I have read and agree to the terms outlined in Memorial's Flexible Work Arrangements policy. This arrangement is subject to modification or termination as outlined in the Flexible Work Arrangements Policy.

I understand that the flexible work arrangement I have been participating in has been **terminated**. I have read and understand the terms outlined in Memorial's Flexible Work Arrangements policy and may contact my Director/Manager/Supervisor or Human Resources should I have questions regarding the termination of this arrangement.

*Access to Information and Protection of Privacy*

*The information requested on this form is collected under the authority of the Access to Information and Protection of Privacy Act, 2015.). The information is required for documenting employee remote work arrangements and will be used for administrative purposes only. This form is a university record and may be stored electronically for future reference. Questions regarding the collection or use of this personal information should be directed to the Department of Human Resources, Arts and Administration Building, Memorial University of Newfoundland via* *myhr@mun.ca**(mailto:myhr@mun.ca)**.*

Request Approval

\*Request Approval Status

**Approved Denied**

\* Rationale for terminating, modifying, or denying FWAs must be provided in the space below (this information will be kept on record by the Department of Human Resources.)