**Part-Time Work Proposal**

Name of Employee Making Proposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job/Position #\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think that this position’s work lends itself to part-time work?

Since you likely cannot perform 100% of your current duties on the proposed part-time schedule, how do you propose that the remaining duties be covered?

Will this arrangement make you more productive? \_\_\_Yes \_\_\_No If yes, how?

Given at least five days’ notice, would you be agreeable to changing your schedule if the demands of the department required it for a short-term project? \_\_\_Yes \_\_\_No

Do you supervise others? \_\_\_ Yes \_\_\_No If yes, how do you plan to maintain supervisory responsibilities and ensure connectedness with those you supervise?

How do you plan to communicate this new arrangement to your customers?

How do you suggest that you handle attendance at meetings, training workshops, etc.?

I have considered the needs of our department/office/unit/etc., and the expectations of my position and have identified several potential benefits (improved cost effectiveness/customer service/productivity) to this arrangement. They are as follows:

What are the potential concerns relating to the department if this request is granted, and what are your suggested solutions?

Challenge Possible Solution

Coworkers -

Customers -

Lack of supervisor’s presence during some work time –

Communication with customers, coworkers, etc. -

Other -

I am a good candidate for this flexible work arrangement because (personal characteristics, work history, etc.):

I propose the following work schedule (list a.m. hours and p.m. hours separately):

Monday –

Tuesday –

Wednesday –

Thursday –

Friday –

How do you propose that your phone calls, campus mail, customer visits and faxes be handled in your absence?

Phone Calls –

Campus Mail –

Customer Visits –

Faxes –

If this proposal is not approved, what will you do?

I understand that:

I will be expected to leave a detailed voice mail greeting and e-mail message that are very specific about the dates/times I will be gone and when I will return, as well as a copy of my work schedule for easy access by coworkers

I must set up medical appointments, service calls, etc., for times that I am not scheduled to work

I may still have the same parking costs even though I am only at work part time

Social isolation, less visibility and less team involvement may be hazards of working part-time.

I am responsible for setting up the all-important communication system with my coworkers/customers/supervisor and making it work.

Benefits such as vacation/sick accruals, funeral leave, retirement contributions, etc., are affected by FTE (% of time worked) and whether I am casual hourly or appointed so I have read the applicable information in the appropriate employee handbook/policy manual. If I needed further clarification, I have spoken to an HR Benefits Specialist.

Since the number of hours worked can affect vacation and sick time accruals, as well as retirement contributions, I need to call attention to hours worked and ask for an annual update of FTE in the system, if needed.

I should adhere to designated number of work hours per week (unless supervisor authorizes additional hours) so that additional costs for pay are not incurred.

To be eligible for Family Medical Leave (FMLA), the employee must have worked 1250 hours in the 12 months previous to the leave, so attention to time worked is warranted.

Dropping below 50% FTE makes the position ineligible for most benefits, so I have read the Benefits sectionof the Hourly Staff Handbook and now have a full understanding. If I needed further clarification, I have spoken to an HR Benefits Specialist.

That seniority is likely to be affected by a reduced time schedule and have read the applicable information in the appropriate employee handbook/policy manual. If I needed further clarification, I have spoken to an HR Benefits Specialist.

That there will be a trial period of 90 calendar days and that I or the manager can end the arrangement at that time.

What is the proposed start date (if overtime-eligible or results in change of FTE, must be beginning of a pay period)? \_\_\_\_\_\_\_\_\_\_\_\_

I have read and initialed each page above and agree with the content. I would like to discuss this proposal with you further and address any concerns that you may have. I understand that you are responsible for the success of this organization and must determine whether or not this plan fits appropriately within the goals for the office. I also understand that approval of this proposal means that we will pilot the arrangement, and that we may need to make adjustments to this plan or I may need to return to my original work schedule/arrangement if this is not going well or the needs of the organization require this on a temporary or permanent basis.

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give to manager/supervisor with the following attachments:

A copy of your official job description and a list of duties not on the official job description

Copy of last performance appraisal

## Supervisor’s/Manager’s Addendum

# Understandings:

\_\_\_Yes \_\_\_No Employee is expected to attend scheduled staff meetings and required training.

Supervisor: Please list your concerns below and discuss possible solutions with the employees.

Supervisor’s Concerns Possible SolutionsActions Employee is Expected to Take

We will meet every \_\_\_\_\_\_\_\_\_\_ (period) to discuss how this arrangement is going and to make adjustments as needed. Note: A minimum of an annual review (including a review of actual hours worked as compared to official FTE) is needed.

The following (key, access to a certain area, etc.) will be necessary for this flexible work arrangement.

The university \_\_\_will \_\_\_will not provide for these items.

Additional provisions for this arrangement include: (Please list.)

I agree to items in the Supervisor’s/Manager’s Addendum.

Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I approve of granting this request for the following reasons:

\_\_\_ I disapprove of granting this employee proposal for the following reasons:

By signing below I am indicating that I am aware that an optional supervisor’s assessment to help me make this decision is available, and that I am responsible for the choice to use/not use. I certify that I have checked policies to assure that we are in compliance.

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager: Send a copy of this proposal, the employee’s job description and the list of additional duties to the Dean, Director or Department/Division/Section Head.

Dean, Director or Department/Division/Section Head - Please check one of the following:

\_\_\_ I have considered the information from both the employee and the supervisor and recommend that this proposal for a job share arrangement be granted and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (two weeks from today or beginning of a pay period is suggested) be the effective date.

\_\_\_ I recommend that this proposal for a job share arrangement be refused.

Comments:

Signature of the Dean, Director or Department/Division/Section Head

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please send a signed copy of this agreement to the employee, supervisor and Employee Relations in IUPUI Human Resources Administration.

A Web site that is helpful to those doing a proposal is at <http://www.workoptions.com/index.htm>

Information Source: “Voices for Change” Telus Telecommunications Workers’ Union newsletter.