

REQUEST FOR FLEXIBLE WORK ARRANGEMENT (FWA)

STAFF MEMBER DETAILS:

Staff Number:	
Family Name:	Faculty/Office:
Given Names:	Department:

FWA OPTION:

Please select:

Full-time to part-time Job share Home based work

FWA TIMEFRAMES:

Duration of trial period:	
Proposed commencement date of FWA: ___ / ___ / ___	Proposed end date of FWA: ___ / ___ / ___
Agreed notice period for altering FWA:	
Identify the days/hours/weeks to be worked:	

STAFF MEMBER:

Attach Flexible Work Arrangement proposal/documentation that addresses the considerations outlined in the Flexible Work Arrangements Procedure to this form

SUPERVISOR:

Considers the Flexible Work Arrangement proposal/documentation in line with the Flexible Work Arrangements Procedure

APPROVALS:

Supervisor:	
<input type="checkbox"/> Approved. For Home Based Work Arrangements fill in and attach the signed Working from Home – OHS Checklist.	
<input type="checkbox"/> Declined. Attach a document that outlines the reasons for declining the request.	
Supervisor Name:	Title:
Signature:	Date: ___ / ___ / ___
Head of Unit:	
Name:	Title:
Signature:	Date: ___ / ___ / ___
<input type="checkbox"/> Forward documentation to Employee Relations	