



FLEXIBLE WORK ARRANGEMENTS REQUEST FORM

FALL FWA's: We will open up a second FWA period in the Fall so we can all plan better around schools, and childcare and so we will have a better sense of the public health environment we will be dealing with. As discussed previously, we intend to remain in a remote work status through the Summer. But in the Fall, if possible from a public health perspective we'd like to open up a bit of a "Reverse FWA" program. This means all staff will be able to continue working remotely, no questions asked. That will be the default status through the end of 2020. However, staff will be able to request an FWA to work in the office according to a set schedule each week through this Reverse FWA program. Availability of in-office schedules will be coordinated carefully to ensure that social distancing requirements and safety of staff can be ensured at all times. There is more to do from a facilities perspective to prepare the office for additional staff to return, so that is why we will be rolling that out in the Fall. This is again all of course contingent on what's happening from a public health perspective. Much more detail will be forthcoming.

Until then, as we have been doing, if you have a specific need to visit, or work from the office reach out to David and I and we will facilitate that as best we can.

Our priority has and always will be the safety of you and your families and making sure you have the flexibility and resources you need to do your work while managing everything else life is throwing at us during this pandemic.

The Foundation may grant a flexible work arrangement (FWA) to any staff member based on staff and department needs. Staff should work with performance managers to complete the request form. Senior Leadership Team (SLT) members adjudicate FWA requests from their departments.

For details on FWAs at the Foundation, please refer to our policy and FAQ documents.

Staff Member Name:

Department:

1) Please indicate the request period for which you are submitting:

- ☐ 06/1-6/12/19 for 07/1/20 – 9/4/2020 implementation ☐ 08/3-8/14/19 for 09/7/20 – 12/31/2020 implementation

2) I am requesting an adjustment to my work...

☐ Hours

☐ Schedule

☐ Location

3) Please describe the Flexible Arrangement requested:

4) How will potential gaps in service delivery or operations be handled?

I have read the Flexible Work Arrangements policy. I am requesting the above work arrangement and believe that my work can be completed within this schedule with no loss of service or disruption to department operations or the Foundation. I understand that my performance manager may require me to occasionally work outside this set arrangement, and that my department head can revoke this arrangement at any time if deemed in the best interest of the Foundation.

Staff Member signature: _____

Date: _____

Performance Manager signature: _____

Date: _____

To Be Completed by Department Head

11/2014

Flexible Work Arrangement:

- ☐ Approved as requested
- ☐ Approved with the following modification(s):
- ☐ Denied or Revoked for the following reason(s):

SLT Member Signature: _____ Date: _____

HR – Received by (name): _____ on (date) _____