



OVC FlexWork Form

Complete this form with your manager/supervisor.

Name:

Date submitted:

MIT address:

MIT phone:

Title:

Current status: Full-time or Part-time | Exempt or Non-exempt

OVC Office:

Supervisor/Manager Name:

Effective date:

Type of FlexWork Arrangement (see page 2 for description):

- Remote Primary: Comes into office as needed or for special events
- Hybrid-Formal: Set Schedule (ex. M/W/F in office, T/Th remote)
- Hybrid-Flex: Employee determines days in office and days remote (within parameters)
- Office Primary: May work remotely on occasion
- Other

***All options may be eligible for other forms of flexibility
(flex hours, alternative schedules, compressed work-week, etc.)***



Please indicate location – either MIT or Remote. Feel free to add additional information if this is going to change cyclically.

Agreed upon schedule			
	Start-End	Total	Location
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please include any additional information you'd like to capture regarding the schedule:

Work Responsibility Details

1. Describe when, and using what methods, your colleagues and clients (students, faculty, staff) can reach you.
2. Describe any resources or additional support you might require to ensure this arrangement is successful. Include any technology requests.
3. Describe how, working together, you propose to overcome any challenges that might arise from this arrangement.



Office specific expectations (if any):

Signature

I understand that MIT is not obligated to provide FlexWork arrangement for any employee. FlexWork approval is at the discretion of the manager/office leadership. Flexible work schedules are subject to ongoing review and may be subject to termination at any time based on performance concerns or business needs. Generally, the manager/office leadership or the employee should give **at least** 15 days' notice in advance of ending or changing a FlexWork arrangement, business needs permitting.

By signing this form, you attest that **you have read and agree to honor** the OVC FlexWork Guidelines. This form and any attachments will become part of your personnel file.

X

Employee Signature & Date

X

Manager Signature & Date

X

Office Head Signature & Date

Arrangement will be reviewed by employee and manager on _____.