Johns Hopkins Flexible Work Schedule Proposal Form

To request a flexible work schedule, complete this form in collaboration with your supervisor. After your supervisor and senior director have signed off on the form, it should be shared with your HR representative. Before submitting this form, employees are strongly encouraged to take the online course, An Employee's Guide to Flexibility.

Employee Information

Name	
Personnel ID	
Department	
Supervisor	
Date	

Current Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours for the Week
Start Time						
End Time						
Length of Lunch						
Total Hours for the Day						

Proposed Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours for the Week
Start Time						
End Time						
Length of Lunch						
Total Hours for the Day						

How will your proposed schedule sustain or enhance your ability to get your job done? Consider the impact of your flexible work arrangement on clients, coworkers, managers, direct reports, and your department or office. (Attach a separate sheet if necessary.)

Additional comments about proposed schedule (optional):

Supervisor's comments about the employee's ability to get his or her job done on the proposed schedule (optional):

I understand Johns Hopkins is not obligated to approve my proposal for a flexible work arrangement. The decision is at the discretion of my supervisor/manager and department head. If approved, this arrangement is subject to ongoing review and may be terminated at any time based on performance concerns or business needs. Generally, a supervisor/manager, department head, or the employee should give at least 30 days notice before ending or changing an arrangement, business needs permitting. Under this agreement, the following remain the same: terms and conditions of employment; salary, health and welfare benefits, and Johns Hopkins-sponsored retirement programs; job responsibilities, expectations, performance standards and appraisal cycle; compliance with Johns Hopkins policies, practices, and procedures.

Employee Signature	Date	Employee (Print)	Date
Supervisor/Manager Signature	Date	Supervisor/Manager (Print)	Date
Department Head/Designee Signature	Date	Department Head or Designee (Print)	Date

☐ Request Approved ☐ Request Denied