



FLEXIBLE WORK OPTIONS

Planning and Proposal Packet

www.hr.upenn.edu/worklife
worklife@hr.upenn.edu

6.1.17v1

Table of Contents

Overview	2
Staff Member's Assessment Tool	3
Flexible Work Option Proposal Template	4
Sample Flexible Work Option Proposal Memo	5-6
Flexible Work Arrangement Agreement Template	7-8
Implementation of Flexible Work Option: Communication Plan	9
Flexplace Agreement Addendum	10-13

Overview

Penn's flexible work option guidelines provide creative ways for staff to accomplish their work while promoting a balance between work and personal commitments. Options involve non-traditional work schedules, locations or job structures.

- Flextime
- Flexplace
- Compressed work schedules
- Part-time work arrangements
- Job Sharing

First, determine if a flexible option is appropriate for the work being done. Then you can work with your supervisor to identify the option that will provide individual flexibility while ensuring the needs of the school or center are still met. Through flexible work options, staff and faculty can make small, consistent, everyday changes (or tweaks) that cumulatively, optimize job performance and well-being.

Proposal and Implementation of a Flexible Work Option

1. Assess your work suitability using the **Staff Member's Assessment Tool** on page 3.
2. Prepare a written proposal for your supervisor. Review the **Flexible Work Option Request Template and sample memo** provided on pages 4-6. The example provided is for a flexplace arrangement.
3. Create a formal agreement to clarify approved plans and the pilot nature of the arrangement. A **Flexible Work Arrangement Agreement Template** is provided on pages 7-8.
4. Develop a communication plan. Review items to consider in the communication plan on page 9.
5. Prepare a flexplace addendum for all remote work arrangements. A **Flexplace Agreement Addendum** is provided on pages 10-13.
6. Pilot the arrangement (3-6 months is recommended).
7. Evaluate the arrangement at the end of the pilot period. Either party may end the arrangement if it does not meet the organizational or personal needs.

Quick Tip: In your proposal, address the following from the organization's perspective:

- The needs of your school or center and how they will be affected by the arrangement.
- The way the arrangement will improve your work.
- How the expectations for your position will align with your request.
- How your work history supports your request.
- Opportunities for enhanced communication and management of your work.

Staff Member's Assessment Tool

Complete these questions to help you compose your flexible work option proposal memo.

1. What are your flexibility needs and what conditions create these needs?
2. What type of flexible work arrangement(s) would meet these flexibility needs? Why?
3. Think about your job. Briefly write down what you do (For example: answer phones, design programs, coordinate events, manage finances, etc.). Also think about how your job is viewed by your supervisor. Are there differences between your perspective and your supervisor's? Use the grid below to consider this:

	Through my eyes	Through my supervisor's eyes
Responsibilities (plus % of time)		
My support for others		
My support to my supervisor		
Key meetings/onsite activities		
Customer service		

4. What aspects of your job can be handled within the type of flexible arrangement you described above? (during off-hours, remotely)
5. What benefits would your supervisor/office/colleagues experience if you worked flexibly?

Benefit	Who and how

6. What challenges may come up with this arrangement?

Flexible Work Option Proposal Template

A well written proposal lays out a plan for implementation that should be acceptable to all affected parties (supervisor, staff member and colleagues).

TO: [Supervisor Name]

FROM: [Staff Member Name]

DATE: [Current Date]

RE: Proposal for Flexible Work Option

As a staff member of (name of division or department) for (X) years, I propose adjusting my work plan to incorporate (X option) into my work assignment. I have considered the needs of our (department/office/unit/etc.) and the expectations of my position and have identified several potential benefits to this arrangement:

Highlight opportunities for improved cost effectiveness and customer satisfaction, where possible.

I believe that this will be a successful arrangement because:

Describe aspects of the job that make this option feasible.

Describe the way this arrangement will meet the needs of the organization, supervisor, colleagues, and customers.

This arrangement will be most successful if we:

List opportunities for enhanced communication and management of work.

I feel that my work record as a (personal characteristic(s)* needed to implement arrangement) will support this arrangement. To further ensure success, I plan to:

Discuss specific plans for implementation.

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.

Sample Flexible Work Option Proposal Memo

TO: [Supervisor Name]

FROM: [Staff Member Name]

DATE: [Current Date]

RE: Proposal for Flexible Work Option

I propose adjusting my work schedule to incorporate Flexplace (in the office Monday through Thursday and work from home each Friday) starting September 1, 2017. I have considered the needs of our department and the expectations of my position. Some benefits to this arrangement:

For Penn:

- Increased productivity: elimination of commute time (up to 2 hours each day), no interruptions.
- Improved morale: ability to work comfortably, aligns with work style.
- Connected to team and colleagues: email, phone (cell and land line), Skype.
- Flexibility to be in the office upon request or as necessity dictates.

For employee:

- Increased productivity: elimination of commute time (up to 2 hours each day), decreased car and gas expenses.
- Improved morale: ability to work comfortably, aligns with my early-energy work style.
- Uninterrupted time necessary for creative and detailed design and development work.

I believe this will be a successful arrangement because:

- Development of our division's programs can occur anywhere there is PC and software. I have a proper home office with Internet access; a new PC (with software: Word 2013, PowerPoint 2013, Excel 2013 and Adobe Acrobat X Pro). I am willing to purchase, at my expense, necessary Microsoft program upgrades if needed.
- I have clearly defined tasks and deliverables, with measureable work activities.
- My individual presence is not required every day.
- I will be always connected by email, phone (cell and landline), Skype.
- When it is necessary, I will forgo my flexible work arrangement to support projects, facilitating, or other situations in the office.
- I have a successful history of working out of my home: [example organization and position title] (4 years) and [example organization and position title] (2 years).

Lastly, I feel that my qualities as a goal oriented, self-disciplined, reliable, independent, and hard-working employee will support a one day a week Flexplace arrangement.

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 department 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 if the needs of the department require it.

Flexible Work Arrangement Agreement Template

Once a proposal is approved, an agreement such as the one below is required to help clarify for all involved parties the specifics and expectations of the arrangement.

TO: [Staff Member Name]

FROM: [Supervisor Name]

DATE: [Current Date]

RE: Agreement for (*Pilot?*) Flexible Work Arrangement

The following outlines the specifics and expectations of the flexible work arrangement which you will assume as of (date):

1. The details of your (FWO) arrangement are as follows:
2. The following changes in my approach to communicating work expectations and/or office policy and practices will be implemented to accommodate this change:
3. The following changes will be made in the way you communicate your questions about work, provide finalized work and maintain connections with this office to accommodate this change:
4. We will meet every _____ to discuss how this arrangement is going and to make adjustments as needed.
5. (If piloted) This arrangement will be piloted for _____ amount of time, at the end of which time, we will review the arrangement and determine whether or not it will continue.
6. If at any time this arrangement no longer serves your purposes or the needs of the organization, the arrangement may be discontinued.
7. If, for any reason, the arrangement is terminated during the pilot period or at the end of this period, or at some future point in time, and if you decide that you do not wish to return to your former traditional work schedule/arrangement and leave the position, you will be considered as having resigned and will not be entitled to position discontinuation and staff transition benefits.
8. This work arrangement will have no effect on your salary, or job responsibilities. [The language for this point will be different if the position is converting from a full-time to a less than full-time assignment. In this case it is advisable to contact the Penn Benefits Center at 1-888-PENNBEN to determine benefits adjustments that may apply to this new arrangement.]
9. It is expected that this work arrangement will not reduce your productivity.

10. If organizational needs require, there may be times when it will be necessary for you to forgo your flexible work arrangement to support unusual projects or conditions in the office. It is expected that you will make every attempt to adjust your schedule accordingly. Similarly, I will take into consideration your flexible work arrangement when scheduling meetings or gatherings that require all staff to be in attendance or when distributing workload.
11. The following equipment will be necessary for this flexible work arrangement. It (will, will not) be provided by the University for your use:
12. You will have the following responsibility regarding equipment provided by the University for this flexible work arrangement:
 - Maintenance costs
 - Replacement costs in case of loss or theft
 - Insurance deductible costs in the amount of \$_____ in case of loss or theft
 - Return of this equipment to the University in the condition in which it was received, except for normal wear and tear, at the end of this flexible work arrangement or the end of employment by the University
 - Other:
13. Additional provisions for this arrangement include: (Please List)

I have read the above and discussed the terms and conditions with the undersigned supervisor and agree to all aspects of this agreement.

REQUESTOR (Staff Member Name) _____ DATE _____

SUPERVISOR (Supervisor Name) _____ DATE _____

Implementation of Flexible Work Option Communication Plan

The foundation of any effective flexible work arrangement is the partnership between staff members and supervisors. This partnership requires two-way communication and a focus on the needs of our workplace, colleagues and the community we serve.

Seamless communication should occur with responses handled as quickly as if staff a staff member were physically in the office. Consider addressing the following items when putting your communication plan in place:

1. Inform others how and when you can be reached.

- Are there specific hours when you must be available?
- Have you informed others how and when you can be reached?
- What if something unexpected happens?
- Where can messages be left? (Voice mail number, text, email.). Limit the number of places you need to check messages to avoid disruptions.

2. Make use of technology.

- Utilize remote login to access documents and software programs.
- Participate in conference calls through Skype and “go-to-meeting” type options.
- Create a “New Appointment” labeled “Flexible Work Option” for flexible work arrangements (flexplace, flextime, compressed work schedule). (If working remotely, refrain from putting “out of office” message in Outlook).
- Make use of “Private” tag for personal or private appointments.

3. Adjust FWO if organizational needs require.

Sample Flexplace Agreement Addendum

The following defines the terms and conditions of a Flexplace arrangement for an individual employed by the University of Pennsylvania.

1. Work Space

1.1 Staff member agrees to use a Flexplace work space that is conducive to working, free of hazards and other dangers to people and equipment. The alternative worksite (the Flexplace work site), is defined in this Addendum.

1.2 Provided staff member is given at least 24 hours advance notice, staff member agrees to permit inspections of the worksite by the University at periodic intervals during staff member's normal working hours to ensure proper maintenance of University-owned property and worksite conformance with safety standards and other specifications in these guidelines.

1.3 Costs for the work space will be allocated between the staff member and the University as agreed upon by the parties (as specified in 7.3. below).

2. Staff Member Responsibilities and Obligations

2.1 The staff member remains obligated to comply with all University rules, policies, practices and instructions that would apply if the staff member were working at the primary work site.

2.2 Work products developed or produced by the staff member during Flexplace work away from the main work site remain the property of the University.

2.3 The staff member will be responsible for determining any tax implications of maintaining a Flexplace site.

2.4 The staff member will be responsible for complying with any and all local township codes, rules, regulations, and zoning ordinances which could affect the ability to use the designated Flexplace site.

3. Conditions of Employment (Pay Status)

3.1 All job responsibilities and conditions of employment, e.g., compensation, benefits, rights, privileges and obligations, apply as if the staff member were working at the primary worksite.

3.2 The staff member works in a regular pay status while working at the Flexplace worksite. However, Flexplace does not exclude the staff member from reimbursement entitlements for authorized and pre-approved expenses incurred while conducting business for the University, as provided for by University regulations.

3.3 Work hours, over overtime, compensation and vacation schedules conform to applicable policies. Requests to work overtime, use sick leave, vacation or other leave must be approved by the staff member's manager in the same manner as when working at the primary work site. Requests for changes in the work schedule should, likewise, be approved by the staff member's supervisor.

4. Work Assignment & Supervision

4.1 Staff member will consult with the supervisor, in person or through other agreed upon methods of communication, to receive assignments and to receive feedback on completed work. Responsibility for related travel costs incurred by staff member for these meetings is defined in Section 11. Additional provisions below.

4.2 When conducting work at the Flexplace work site, staff member agrees to limit performance of officially assigned duties to approved Flexplace area. Staff member will complete all assigned work according to work procedures mutually agreed upon by the staff member and the supervisor and according to guidelines and expectations stated in the staff member's performance plan.

4.3 Staff member's job performance will be appraised during the introductory, interim (optional) and annual performance periods based on criteria and expectations established by the supervisor and communicated in advance to the staff member. Staff member will provide record of work accomplishments and other relevant documentation, as requested by the supervisor to allow feedback and assessment of performance.

4.4 Management has the right to terminate the Flexplace arrangement at any time, for any reason. Such action will be accomplished through written notice by the supervisor with an explanation of the reason for the change. If termination of the arrangement results in termination of the individual, this action will be handled in accordance with pertinent Human Resources policies regarding separation. Likewise, staff member may terminate the Flexplace arrangement at any time unless to do so means quitting the job, in which case, notice of resignation is expected in accordance with Human Resources policies regarding resignation.

5. Accidents/Injuries

5.1 Any accident or injury occurring on the Flexplace worksite must be brought to the immediate attention of the supervisor and will be investigated immediately following notification in accordance with Human Resources Policy 714: Occupational Injury or Illness. Staff member may be covered under Human Resources Policy 714 if injured in the course of performing official duties at the Flexplace worksite, but this liability will be limited to injuries resulting directly from the Flexplace assignment and only if the injury occurs in the designated work area, within the designated work schedule.

5.2 The University may be responsible for any work-related injuries in accordance with The Pennsylvania Workers' Compensation Act. In the event of an injury call 1-877-335-5213 to report the injury and get the location of available medical providers, then immediately notify your supervisor.

6. Liability

6.1 It is understood and agreed that the staff member remains liable for property damages and injuries to the staff member, third persons and/or members of the staff member's family at the staff member's alternative worksite, except as provided for under 5.1 above. The staff member agrees to indemnify and hold harmless the University and its staff members, agents, officers, trustees, successors and assigns (in their official and individual capacities) from and against any and all claims, demands, judgements or liability (including any related losses, costs, expenses and attorney fees), resulting from, arising out of, or in connection with any injury to persons (including death) or damage to property, caused directly or indirectly, by the services provided hereunder by the staff member or by the staff member's willful misconduct or negligent acts or omissions in the performance of the staff member's duties and obligations under this Agreement, except where such claims, demands or liability arise solely from the gross negligence or willful misconduct of the University.

7. Equipment and Systems

7.1 Equipment loaned by the University for use at the Flexplace worksite will be maintained in good working order and used only by the staff member and only for work related tasks. The cost for maintenance of this equipment will be covered by the University, if approved by the supervisor in advance. Upon termination or resignation from the Flexplace position or discontinued need of the equipment, equipment supplied by the University will be returned in good working order and comparable to the condition in which it was received. If staff member provides own equipment, he/she is responsible for servicing and maintaining it.

7.2 The staff member is responsible for the safety and security of University equipment, software, data, supplies and furniture at the staff member's home. This includes maintaining data security and record confidentiality to at least the same degree as when working at the primary work site. The staff member may not duplicate University-owned software and will adhere to the manufacturer's licensing agreement.

7.3 The following outlines the type of equipment and systems that are required for this arrangement and who will be responsible for costs associated with their purchase, set-up and maintenance.

7.3.a. (Name of Division or department) will provide: (Please list all equipment and supplies that will be provided) if needed for the staff member to do his/her job.

7.3.b. Expenses will be covered as follows:

Item	Paid by
Space Set Up Costs:	
Other Flexplace Site Expenses:	

7.3.c. The staff member will be reimbursed for: (Please list.)

8. Home Space

8.1. (Name of Division or department) strongly recommends the staff member set up a separate area for work in his/her home. Equipment should be placed where it is adequately supported. Electronic equipment should be plugged into properly grounded electrical outlets. The staff member should contact the University's Risk Management Office for guidance with respect to safe placement and installation of equipment. The University has the right to visit the staff member's home/off-site work area to be sure it meets University standards for safety, security, and working conditions. Such visits would be scheduled in advance.

9. Taxes

9.1. It is the staff member's responsibility to determine any income tax implications of maintaining a home/off-site office. (Name of Division or department) will not provide tax guidance nor assume any additional tax liabilities. It is recommended the staff member consult a qualified tax professional to discuss income tax implications.

10. Meetings

10.1 Attendance at meetings at the worksite will be required (describe frequency here). The costs associated with travel to attend these meetings will be covered by (fill in who will be expected to cover these costs and describe any special circumstances that may apply to the assignment of these expenses).

11. Additional Provisions

11.1. Additional provisions for this arrangement include: (Please List)

I have read the above and discussed the terms and conditions with the undersigned supervisor.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____