



FLEXIBLE WORK AGREEMENT (FWA)

Notice: Full-time employees operate under the assumption of a standard 40-hour workweek. Vacation and other applicable forms of leave need to be reported per Baylor policy. If an employee is requesting time away from work for a qualifying event, such as caring for themselves, a parent, their spouse, or their children or other form of leave of absence, they should reach out to HR for more information. Employees in certain circumstances may be required to complete the [Alternate Work Location Agreement](#) process per Baylor policy.

Employee Name: _____ Department: _____

Employee Role: _____ Supervisor: _____

Type of Request

- ☐ Ongoing Available after serving 12 months in a role. Continues in perpetuity until canceled by the employee or supervisor.
- ☐ Temporary For temporary or seasonal needs (i.e., summer). Limited to 4–10 weeks and requires a new agreement to extend.

Type of Flexible Work Requested

- Primary Onsite All Baylor Student Life Employees are to work primarily onsite unless otherwise noted in an agreed upon FWA or job description.
- ☐ Hybrid An employee works partly onsite and partly remote. ☐ Compressed A work week in which the traditional 40-hours are worked in less than five workdays.
- ☐ Fully Remote An employee works entirely off-site.

Describe the arrangement being requested

Please be as specific as possible about your proposed schedule, dates, location(s), and work hours. Consider how your request may affect your role's primary functions, student-facing responsibilities, programming cycles, equipment/space needs, supervisory responsibilities, and communication/collaboration with colleagues and students.

Justification

Please be as specific as possible about the reason or circumstances making this FWA necessary or appropriate. Explain how it will support effective performance of your role, service to students and campus partners, departmental needs, and responsibilities for supervision, programming, communication, or collaboration.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Please have all parties sign before scanning, uploading, and submitting online at studentlife.web.baylor.edu/fwa