**PART-TIME WORK PROPOSAL**

|  |  |
| --- | --- |
| **Name of Employee Making Proposal** |  |
| **Department** |  |
| **Title of the Position** |  |
| **Job/Position** |  |

Why do you think that this position’s work lends itself to part-time work?

* Since you likely cannot perform 100% of your current duties on the proposed part-time schedule, how do you propose that the remaining duties be covered?
* Will this arrangement make you more productive? \_\_\_Yes \_\_\_No

If yes, how?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Given at least five days’ notice, would you be agreeable to changing your schedule if the demands of the department required it for a short-term project? \_\_\_Yes \_\_\_No
* Do you supervise others? \_\_\_ Yes \_\_\_No

If yes, how do you plan to maintain supervisory responsibilities and ensure connectedness with those you supervise?

* How do you plan to communicate this new arrangement to your customers?
* How do you suggest that you handle attendance at meetings, training workshops, etc.?

I have considered the needs of our department/office/unit/etc., and the expectations of my position and have identified several potential benefits (improved cost effectiveness/customer service/productivity) to this arrangement.

**They are as follows:**

What are the potential concerns relating to the department if this request is granted, and what are your suggested solutions?

|  |
| --- |
| **Challenges and Possible Solutions** |

* Coworkers
* Customers
* Lack of supervisor’s presence during some work time
* Communication with customers, coworkers, etc.
* Other
* I am a good candidate for this flexible work arrangement because (personal characteristics, work history, etc.
* I propose the following work schedule (list a.m. hours and p.m. hours separately:
* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* How do you propose that your phone calls, campus mail, customer visits and faxes be handled in your absence?
* Phone Calls
* Campus Mail
* Customer Visits
* Faxes
* If this proposal is not approved, what will you do?

**I understand that:**

* I will be expected to leave a detailed voice mail greeting and e-mail message that are very specific about the dates/times I will be gone and when I will return, as well as a copy of my work schedule for easy access by coworkers
* I must set up medical appointments, service calls, etc., for times that I am not scheduled to work
* I may still have the same parking costs even though I am only at work part time
* Social isolation, less visibility and less team involvement may be hazards of working part-time.
* I am responsible for setting up the all-important communication system with my coworkers/customers/supervisor and making it work.
* Benefits such as vacation/sick accruals, funeral leave, retirement contributions, etc., are affected by FTE (% of time worked) and whether I am casual hourly or appointed so I have read the applicable information in the appropriate employee handbook/policy manual. If I need further clarification, I have spoken to an HR Benefits Specialist.
* Since the number of hours worked can affect vacation and sick time accruals, as well as retirement contributions, I need to call attention to hours worked and ask for an annual update of FTE in the system, if needed.
* I should adhere to the designated number of work hours per week (unless supervisor authorizes additional hours) so that additional costs for pay are not incurred.
* To be eligible for Family Medical Leave (FMLA), the employee must have worked 1250 hours in the 12 months before the leave, so attention to time worked is warranted
* Dropping below 50% FTE makes the position ineligible for most benefits, so I have read the Benefits Section of the Hourly Staff Handbook and now have a full understanding. If I need further clarification, I have spoken to an HR Benefits Specialist.
* That seniority is likely to be affected by a reduced time schedule and have read the applicable information in the appropriate employee handbook/policy manual. If I need further clarification, I have spoken to an HR Benefits Specialist.
* That there will be a trial period of 90 calendar days and that I or the manager can end the arrangement at that time.
* What is the proposed start date (if overtime-eligible or results in change of FTE, must be beginning of a pay period)? \_\_\_\_\_\_\_\_\_\_\_\_
* I have read and initialed each page above and agree with the content. 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 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 adjust 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 on a temporary or permanent basis.

**Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Give to manager/supervisor with the following attachments:**

* A copy of your official job description and a list of duties not on the official job description
* Copy of last performance appraisal

## Supervisor’s/Manager’s Addendum

# Understandings:

□ Yes □ No

* Employees are expected to attend scheduled staff meetings and required training.

**Supervisor:** Please list your concerns below and discuss possible solutions with the employees.

**Supervisor’s Concerns Possible Solutions Actions Employee is Expected to Take**

We will meet every (period) to discuss how this arrangement is going and to adjust as needed. Note: A minimum of an annual review (including a review of actual hours worked as compared to official FTE) is needed.

The following (key, access to a certain area, etc.) will be necessary for this flexible work arrangement.

The university

□ will □ will not provide for these items.

Additional provisions for this arrangement include: (Please list)

I agree to items in the Supervisor’s/Manager’s Addendum.

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I approve of granting this request for the following reasons:
* I disapprove of granting this employee proposal for the following reasons:

By signing below, I am indicating that I am aware that an optional supervisor’s assessment to help me make this decision is available, and that I am responsible for the choice to use/not use. I certify that I have checked policies to assure that we are in compliance.

**Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor/Manager:** Send a copy of this proposal, the employee’s job description and the list of additional duties to the Dean, Director, or Department/Division/Section Head.

Dean, Director, or Department/Division/Section Head - Please check one of the following:

* I have considered the information from both the employee and the supervisor and recommend that this proposal for a job share arrangement be granted and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (two weeks from today or beginning of a pay period is suggested) be the effective date.
* I recommend that this proposal for a job share arrangement be refused.

**Comments:**

Signature of the Dean, Director, or Department/Division/Section Head

**Date:** \_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s/Manager’s Addendum**

# Understandings:

□ Yes □ No

* Employees are expected to attend scheduled staff meetings and required training.

**Supervisor:** Please list your concerns below and discuss possible solutions with the employees.

**Supervisor’s Concerns Possible Solutions Actions Employee is Expected to Take:**

* We will meet every (period) to discuss how this arrangement is going and to make adjustments as needed. Note: A minimum of an annual review (including a review of actual hours worked as compared to official FTE) is needed.
* The following (key, access to a certain area, etc.) will be necessary for this flexible work arrangement.
* The university \_\_\_will \_\_\_will not provide for these items.
* Additional provisions for this arrangement include: (Please list.)
* I agree to items in the Supervisor’s/Manager’s Addendum.

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I approve of granting this request for the following reasons:
* I disapprove of granting this employee proposal for the following reasons:

By signing below, I am indicating that I am aware that an optional supervisor’s assessment to help me make this decision is available, and that I am responsible for the choice to use/not use. I certify that I have checked policies to assure that we are in compliance.

**Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor/Manager:** Send a copy of this proposal, the employee’s job description and the list of additional duties to the Dean, Director or Department/Division/Section Head.

Dean, Director or Department/Division/Section Head - Please check one of the following:

* I have considered the information from both the employee and the supervisor and recommend that this proposal for a job share arrangement be granted and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (two weeks from today or beginning of a pay period is suggested) be the effective date.
* I recommend that this proposal for a job share arrangement be refused.

**Comments:**

Signature of the Dean, Director, or Department/Division/Section Head

**Date:** \_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a signed copy of this agreement to the employee, supervisor and Employee Relations in IUPUI Human Resources Administration.

Information Source: “Voices for Change” TELUS Telecommunications Workers’ Union newsletter.