**Department name:**

Form to be completed by a director or supervisor, per [SPP 306: Flexible Work Arrangements](https://www.asu.edu/aad/manuals/spp/spp306.html). Enter the number of employees for each category and weekday.

|  |  |
| --- | --- |
| **Overview** | |
| Full-time staff |  |
| Part-time staff |  |

|  |  |
| --- | --- |
| **Flexible work arrangement options** | |
| Hybrid schedule |  |
| Full-remote work |  |
| Alternative schedules |  |

|  |  |
| --- | --- |
| **On-campus schedules** | |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

|  |
| --- |
| **Summary** |
| ❑ All hybrid schedules meet requirement of 60% on ASU campus.  ❑ Full remote work agreements have executive vice president approval.  ❑ I have necessary on campus coverage to ensure business needs are met with the exception of vacation, sick time, etc.  ❑ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Approval** |
| Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean or vice president signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |