

**University of Wyoming**  
**Flexible Work Arrangement (FWA) Non-Remote**

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This form should be completed when an employee is requesting a compressed or flexible work schedule with NO remote work being completed, following the posted [Flexible Work Arrangement Policy](#).

Employee Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Work Schedule**

Day of the Week	Work Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**Work Arrangement Type**

This agreement is a short-term work arrangement (45 days up to six months)

I understand that this flexible work arrangement will end on \_\_\_\_\_ (date)

This agreement is a long-term work arrangement (Over six months)

Begin and end date of work arrangement: \_\_\_\_\_

Explanation of flexible work arrangement: \_\_\_\_\_

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

**Approvals**

**Short-term work arrangements** require signature of employee and supervisor. FWAs are maintained by both the employee and the supervisor at the department level.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Long-term work arrangements** require signatures of employee, immediate supervisor, and Primary or Alternate [Appointing Authority](#). FWAs are maintained by both the employee and the supervisor at the department level.

Appointing Authority: \_\_\_\_\_ Date: \_\_\_\_\_

It is highly recommended that immediate supervisors review work arrangements regularly but at a minimum annually. Work arrangements without adjustments do not require new form or renewal. Work arrangements that are adjusted require submission of new document through the Flexible Work Arrangement process.