

# 4 FORMS – FLEXIBLE WORK ARRANGEMENT AGREEMENT

**Objective** To learn how to submit an agreed upon Flexible Work Arrangement Agreement form.

## Flexible Work Arrangement Agreement

1. Click the **Show Menu** icon to open the Navigation menu (*top left corner of screen*)

2. Click the **My Info** option.

3. Click the **My HR** option & from the drop down menu select **Forms** & click **Other Forms**.

4. Navigate and click on the **Available** tab for a new Flexible Work Arrangement Agreement form to appear.

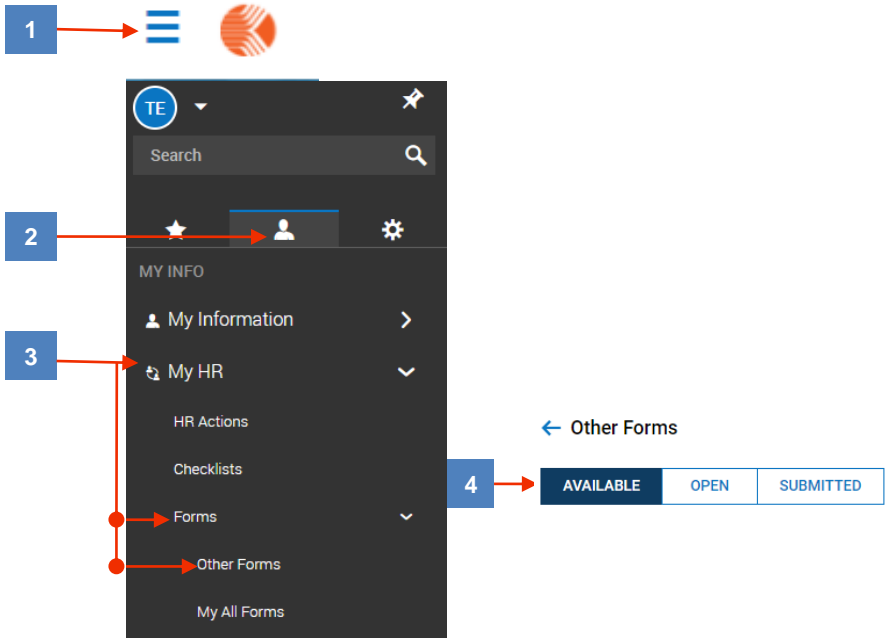
5. Click the **Add** option to the right of the **Flexible Work Arrangement Agreement** form to review and provide details of your flexible work arrangement.

6. Select & complete the appropriate sections of the form on the right side of the screen & click **NEXT** to navigate to page 2.

7. Click **Sign** when finished page 2 which will prompt you to enter your Kronos login Password.

8. Select **Submit** to send the form to your direct Supervisor for review & approval.

*You will receive a notification email once submitted your request with approval or rejection if changes are needed.*



Flexible Work Arrangement Agreement  
Please review the form on the left of the screen and complete the necessary fields on the right of the screen. Select submit when finished. View Open | **+ Add**

← Flexible Work Arrangement Agreement  | **DOWNLOAD PDF** | **NEXT** | **SAVE**

Please review the form on the left of the screen and complete the necessary fields on the right of the screen. Select submit when finished.

Page 1 of 2 | 111% | Reset

**Flexible Work Arrangement Agreement**

Employee Name:

I am aware and understand the financial implications associated with my Flexible Work Arrangement including salary, taxes, pension and benefits.

I am aware and understand the conditions associated with my Flexible Work Arrangement, as outlined in the handbook.

**Details of Arrangement** \* Please only complete the sections that apply to your flexible work arrangement

Flex Time:

Identify your typical work hours:

Any additional scheduling details:

Compressed Schedule:

What will be your compressed day?

First 9 hour day\*

Employee Name

I am aware and understand the financial implications associated with my Flexible Work Arrangement including salary, taxes, pension and benefits. \*

I am aware and understand the conditions associated with my Flexible Work Arrangement, as outlined in the handbook. \*

Flex Time

Flex Time Identify your typical work hours

Any additional flex time scheduling details

Compressed Schedule

Compressed day of the week

Compressed week number

Employee signature \*

**7** → **SIGN** | **DOWNLOAD PDF** | **SUBMIT** | **SAVE**