

COVID-19-Related Request for a Temporary Modified Work Arrangement

Winter Term, 2021

Please save this file as:
2021_MWA_YourLast Name
(e.g., 2021_MWA_Juarez).
Route to your supervisor and
then OHR at oithr@oit.edu

Name and Job Title:		Department:	
Direct Supervisor:		Today's Date:	
What is your normal/regular work schedule (days and hours)			
What do you consider the most essential functions of your role?			
Describe the reason for requesting a modified work arrangement (e.g., online learning for K-12, closure of day care facilities, etc.)			

In the column under “Employee Request,” the employee should describe the modifications sought for each workday when they perform work. These may include requests to: (1) Use accrued leave for full or partial absences; (2) Adopt a temporary flexible schedule—which may mean shifting start and stop times; longer or shorter breaks; weekend work; etc. Assure you maintain 40 hours per week to maintain a full-time status; (3) temporary voluntary reduction in FTE (e.g., 0.75 = 30 hours per week; 0.5 = 20 hours per week); (4) request 1-2 fixed furlough days per week; (5) work from home full or part time (certain days of the week or AM or PM); and/or (6) any combination of these options.

Date	EMPLOYEE REQUEST: Explain availability and your proposed temporary modified work schedule. If you can work your regular schedule on any given day, please write “normal day”	AGREEMENT: Supervisor comments (approve request, deny, agree to modification, additional discussion needed*) *contact your supervisor and/or discuss with OHR
Week 1		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Week 2	Complete only if different from Week 1	
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Additional comments or requests by employee	Supervisor response to employee comments or requests
Modified Work Arrangement Term: Start Date: _____ Anticipated Expiration Date: _____	

Employees and their immediate supervisors may collectively or individually seek additional assistance through the chain of supervision and/or by contacting the Office of Human Resources. The signatures below represent an agreement on the temporary modified work arrangements outlined above. If circumstances change after the initial agreement is made, the employee should promptly alert their supervisor to attempt to find another solution to any scheduling challenges. **The undersigned employee understands that all or portions of this agreement can be revised, amended, or revoked by Oregon Tech at any time. By requesting and agreeing to a modified work arrangement, hourly employees are voluntarily waiving their rights to overtime within a calendar day (they would still be eligible for overtime earned within any given workweek) or any shift differential.**

Employee Signature

Date

Supervisor Signature

Date

Supervisors: retain a signed copy and send a copy to Human Resources at oithr@oit.edu, for placement in the employee personnel file.