

**REQUIRED QUESTIONS FOR FIRST-LEVEL SUPERVISORS
ON FLEXIBLE WORK AGREEMENT K2 FORM**

Supervisor must first enter Employee CWID, then demographic information will auto-fill form. The demographic information is pulled from Banner records. Direct questions to your assigned HR Business Partner if any auto-fill information needs to be updated.

Supervisor must then select the type of Flexible Work Arrangement with start/end dates.

Select Flexible Work Type (Select One): Flexible Work Schedule
Remote Hybrid, or
Remote Full

Flexible Work Arrangement Start Date [REQUIRED]: _____

Flexible Work Arrangement End Date [OPTIONAL]: _____

Even if no end date is specified, all agreements will be subject to annual review. **If Flexible Work Schedule is selected as Flexible Work Type**, then answer:

Flexible Work Schedule Options:
This determines days of the week and hours per day the employee will work only.

Shift start and end times as well as lunch break arrangements may vary based on department operational needs. See below.

Drop Down Menu:

- MTuWThF, 8 hours per day
- MTuWThF, 7.75 hours per day
- MTuWTh, 10 hours per day
- MTuWTh, 9.75 hours per day
- TuWThF, 10 hours per day
- TuWThF, 9.75 hours per day
- MWThF, 10 hours per day
- MWThF, 9.75 hours per day
- MTuThF, 10 hours per day
- MTuThF, 9.75 hours per day
- MTuWTh, 10 hours per day
- MTuWTh, 9.75 hours per day
- MTuWTh, 9 hours per day; F 4 hours

Employee agrees to work a Flexible Work Schedule as selected above with the following start time and end times: _____

If Remote Hybrid is selected as Flexible Work Type, then select:

Number of Remote Workdays per week (Select One): 1 Day, 2 Days, 3 Days, or 4 Days

Select Remote Day(s) of the Week:

Check Boxes: Mon, Tues, Wed, Thur, Fri

Check Boxes: Mon, Tues, Wed, Thur, Fri

OR check box for 'Rotating Schedule'

If Remote Hybrid OR Remote Full is selected as Flexible Work Type, then answer:

Primary Work Location at UA: Street Address, City, State, ZIP Code

Flexible Work Location: Street Address, City, State*, ZIP Code

** If any state other than Alabama is selected, the **Out-of-State Work Location Request Form** will be required as an attachment. This is a separate DocuSign form reviewed by HR, Tax, Compliance, Risk Management, and Legal for approval.*

Flexible Work Contact Number for Remote Worker: (XXX) XXX-XXXX

List specific software/tools used by the department for communication: _____

List specific equipment, including necessary remote access connection, provided by the department. Example: department laptop, peripherals such as keyboard, mouse, monitor(s), webcam, docking station: _____

List specific equipment provided by the employee. Example: printer. _____

List the Internet carrier that will provide internet and telecommunication services for the Flexible Work Location. Example: AT&T. _____

The following check boxes and questions will be asked for all Flexible Work Types - Flexible Work Schedule and Flexible Work Location (Remote Hybrid or Remote Full):

Flexible Work Agreement Supervisor Checklist

1. I have reviewed the employee's position description to determine if the type of position is generally eligible for the flexible work arrangement as specified above.

2. I have reviewed the Flexible Work Arrangement Policy. Check Yes

3. I have reviewed the Remote Work Considerations. Check Yes

4. I have determined how to measure the employee's performance, productivity, and engagement in light of this Flexible Work Arrangement. Check Yes

5. Describe how employee's performance will be measured and what metrics will be utilized.

6. List any additional department requirements or expectations. **[OPTIONAL]**
