

## Flexible Work Plan

**NOTE:** This form may only be used for non-instructional UUP and MC employees. Plans for fully remote work are not supported at this time. Please contact HRDI at [hrdi@newpaltz.edu](mailto:hrdi@newpaltz.edu) subject: "flex work plan" with any questions.

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Employee Name

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Department

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Division

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Supervisor

Date plan is in place (check one):

- Summer 2021 (July 6-August 13)  
 Fall 2021 (August 16 to December 31)  
 Summer & Fall 2021 (July 6-December 31)

Brief Rationale for flexible work plan (attach additional page if more room is needed):

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Home address where work will be performed

Proposed hybrid schedule: (i.e. days on campus, days not on campus, flexibly scheduled hours etc.)

**Supervisor check list:**

- Supervisor has consulted with their respective Dean/VP/AVP prior to finalizing plan.

**Supervisor & Employee check list:**

- Supervisor and Employee participated in professional development from HRDI to support effective communication and planning.
  - Sessions already promoted include: Understanding Operational Needs (June 8), Designing Staffing Plans (June 14), Supporting Your Return to Work [the emotional labor part, not the work part] (June 24).
- Supervisor and Employee reviewed guidelines provided by HRDI and attest that the plan appropriately addresses the elements in the guidance, including but not limited to protocols and expectations of performance, including in-person and virtual presence, communication and responsiveness to the department, partner offices and constituents served.
- Supervisor and Employee reviewed and attached a copy of the employee's current performance program or a modified performance program, (with a new effective date) signed by both the supervisor and the employee.

**Attestation:**

We have read and reviewed the campus guidelines for flexible work option planning and have made clear expectations, protocols, and performance expectations within this plan. It is understood that this plan is at the discretion of the college and does not set a precedent or practice with regard to the position. This plan is for the term set above and may, upon review be renewed or discontinued if operational needs are not met. Supervisors attest that the employee currently meets or exceeds performance standards.

_____	_____
Employee	Date
_____	_____
Supervisor	Date
_____	_____
VP/AVP/Dean	Date

**Routing:**

Once all signatures are obtained, route the completed form with a copy of the employee's current performance program to [HRDI@newpaltz.edu](mailto:HRDI@newpaltz.edu), subject: Flexible Work Plan. A copy of the executed plan will remain in the employee's official personnel file. Any updates to the plan must be reapproved and filed with HRDI.