

Flexible Work Arrangement Request and Agreement

Purpose: This form is required for ASU employees in The College requesting a **Hybrid Remote, Fully Remote, or out-of-state** work arrangement. It documents the necessary approvals and ensures compliance with university policy (SPP 306 and FIN 420-08), applicable employment laws, and tax regulations <https://cfo.asu.edu/telecommuting-guidelines>.

Who must complete the form?

- **Required: All staff, faculty, postdocs, academic professionals, and graduate students, requesting a Hybrid or Fully Remote Flexible Work Arrangement**
- **Not required: Student workers (hourly).**

All employees requesting a Hybrid or Fully Remote Flexible Work Arrangement—regardless of whether the College FWA Form is required—must initiate a “[Request a Flexible Work Arrangement](#)” task in Workday HCM and attach fully approved FWA form if it is required.

Note: Approval must be obtained before hiring an out-of-state employee, or allowing an Arizona-based employee to relocate out of state while retaining ASU employment. Many states have local or city minimum wages that exceed the state minimum. Departments are responsible for [reviewing current state and local minimum wage requirements](#).

1. Work Arrangement Options (check all that apply):

Hybrid Work: At least 60% on-site, with remote work options.

Full Remote Work: Less than 60% on-site.

Out-of-State Remote Work: (including international)

If applicable – Working at an Official ASU Office

ASU Location:

⚠ International FWAs exceeding 3 months must be processed as an International Assignment - Do not submit as FWA. See the [International Assignment Key Concepts reference guide](#) to learn more about international assignments.

2. Employee and Location Information:

Name:

Employee ID:

Dept. (Sup Org):

Job Title:

Hybrid/Remote Work Location and Address (required):

Email:

Phone Number:

Business Purpose (required):

Requested start date:

End date (required for faculty):

Note: All faculty, except session faculty (Faculty Associates or Academic Associates) and faculty working at an official ASU location, must submit this form annually. Approval is valid for a maximum of one year and must be reviewed each year.

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Name: _____

Requested Hybrid Work Schedule (full week schedule, all locations):

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Beginning Time					
Ending Time					
Location					

Notes/Comments:

FWA Questionnaire:

Will any university-owned equipment or supplies be provided for the employees' use at their remote work location? If so, list below:

(Include both items the employee may transport between remote and on-site work locations. These include a university-owned laptop or cell phone and items provided for use only at the remote work location, such as a docking station or computer monitor).

3. REQUESTER/EMPLOYEE:

Name: _____ Signature: _____ Date: _____

SUPERVISOR ATTESTATION: By approving this request, the Supervisor confirms compliance with SPP 306, FIN 420-08, and College Requirements and acknowledges that required approvals will be required and submitted in Workday HCM.

4. Approval:

Supervisor Name: _____ Signature: _____ Date: _____

Director/Chair Name: _____ Signature: _____ Date: _____

Dean Name: _____ Signature: _____ Date: _____
