

Operational Excellence/Flexible Work Arrangement Proposal

Department or Division Name: \_\_\_\_\_

**Part I: Describe the nature of the Office's regular operations, staffing and job functions, standard hours, and then applicability of Flexible Work Arrangements:**

**Part II: Describe the general attributes of the Office’s proposed Flexible Work Arrangement Plan. Please be sure to address in specific ways how the central functions of any in-person work will be accomplished and how student service, support and success will be addressed as a priority:**

**Part III: Describe operational guidelines that will be in place with a Flexible Work Arrangement to ensure operational excellence and maintenance of customer service standards. Guidelines should cover, at a minimum, the following topics: the hours when the office will be open for in-person service and a description of processes to ensure that incoming telephone calls and emails are answered in a timely manner. *Note: If your office has already submitted a customer service operational plan, you may copy and paste relevant aspects in this section.***

Department Head Signature: \_\_\_\_\_

Executive Council Member Signature (if different): \_\_\_\_\_

Date Submitted to Human Resources: \_\_\_\_\_

CWP Approval Status: \_\_\_\_\_