



Flex@X Work Arrangement Application

This form is used to apply for a Flexible Work Arrangement as part of the [Flex@X program](#).

Instructions

1. Review the [Flex@X Program Guide](#), [Flex@X Terms and Conditions](#), [Flex@X Frequently Asked Questions](#) and the [Flexible Work Policy](#).
2. Complete Sections 1 to 5 of the form and the relevant worksheets (see Section 3).
3. Submit the form to your manager/supervisor.

You are encouraged to discuss your application with your manager/supervisor before submitting.

Once the application is approved by your manager/supervisor and the department head, it should be submitted to hr@stfx.ca.

Section 1: Personal Information

Name: _____ Employee #: _____

Email Address: _____ Title: _____

Department: _____ Supervisor: _____

Hours per Week: _____ Employee Group: ☐ NSGEU ☐ Managerial/Professional

Section 3: Type of Arrangement

There are a variety of different Flex@X arrangements available. Review the Program Guide for more information on each option.

I am requesting (select one or more of the following):

- ☐ Hybrid Work Arrangement (*complete and attach: the [Hybrid Worksheet](#) and [Hybrid Health and Safety Worksheet](#)*)
- ☐ Compressed Work Week (*complete and attach the [Modified Schedule Worksheet](#)*)
- ☐ Change to Shift Start/End Times (*complete and attach the [Modified Schedule Worksheet](#)*)
- ☐ Earned Time Off Plan (*complete and attach the [Earned Time Off Worksheet](#)*)



Section 3: Start and End Dates

Please specify the proposed start and end dates for the Flex@X arrangement. The maximum length is three (3) years but arrangements can be renewed. Leave at least four (4) weeks before the start date to ensure time for approvals.

Start Date: _____

End Date: _____

Section 4: Additional Details

Please respond to the following questions. Your responses will be used to inform decisions on your application but answers do not automatically disqualify you from participation in Flex@X.

Are you required to meet in-person with students as part of your job?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?			
Are you required to meet in-person with other StFX employees or stakeholders in person as part of your job?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?			
How will you, with your manager/supervisor, measure effectiveness of your work during the Flex@X arrangement?			

Section 5: Agreement

By signing below, you agree to be bound by the terms and conditions of the [Flex@X Program](#) (the “Program”), as outlined in the [Flex@X Program Guide](#), [Flex@X Frequently Asked Questions](#), [Flex@X Terms and Conditions](#) and the [Flexible Work Policy](#) (the “Policy”). Any future amendments to Program or the Flexible Work Policy will automatically apply to you. You agree that the information provided is accurate and truthful for the purposes of assessing your participation in the Program.

Employee Signature: _____

Employee Name (print): _____

Date: _____



Section 6: Approvals

Manager/Supervisor

Signature: _____

Name (print): _____

Title: _____

Date: _____

Comments: _____

Department Head

If the Department Head is the same as the manager/supervisor, the form must be signed by the next level up.

Signature: _____

Name (print): _____

Title: _____

Date: _____

Comments: _____

People and Culture

Signature: _____

Name (print): _____

Title: _____

Date: _____

Comments: _____