

## FLEXIBLE WORK ARRANGEMENT REQUEST FORM FOR REGULAR RANK FACULTY MEMBERS

For Policy Effective 7-1-07  
Revised 4-7-2023

<b>Faculty Member's Name:</b>	
<b>Rank:</b>	
<b>Department/School:</b>	

<b>Faculty Flexible Work Arrangement Period</b> (no less than 6 months and no more than 3 years; exception: retirement agreements may be longer with approval of Dean, Provost and University Counsel)			
<b>Begin Date:</b>		<b>End Date:</b>	
<b>Total Time Requested:</b>			
<b>This is a (check one) : New Request:</b>		<b>Renewal Request:</b>	
<b>If renewal, what was total accumulated prior time?</b>			

<b>Reason for requesting Faculty Flexible Work Arrangement (select one):</b>			
<input type="checkbox"/> Personal health/medical	<input type="checkbox"/> Childcare		
<input type="checkbox"/> Retirement transition	<input type="checkbox"/> Adultcare		
<input type="checkbox"/> Other (please specify:)			

<b>For Pre-tenured Faculty on the Tenure Track, Automatic Tenure Clock Relief:</b>		
Faculty members on the tenure track are automatically eligible for 3 months of tenure clock relief for each full year on a Faculty Flexible Work Arrangement (not to exceed 36 months as outlined in the Tenure Clock Relief Policy).		
<input type="checkbox"/> I request tenure clock relief for a total of		<b>months</b>
<input type="checkbox"/> I decline tenure clock relief.		

<b>Is any portion of your salary supported by sponsored funds? (select one):</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Faculty Flexible Work Arrangement Details</b>
A memorandum of understanding between the faculty member and the department chair, if applicable, or dean of the school shall be submitted with this request. This memo shall detail the agreed upon modification in duties and salary. The memorandum of understanding may be attached to this document or information may be pasted in the space provided below. Note: if adjustment to University compensation is recommended, a separate payroll transaction (iForm) must be submitted.

<b>Please sign below indicating your approval of the Faculty Flexible Work Arrangement outlined above:</b>	
<b>Faculty Member's Signature</b>	<b>Date</b>
<b>Chair's Signature</b>	<b>Date</b>
<b>Dean's Signature*</b>	<b>Date</b>

\*Once endorsed by the Dean, the request should be submitted to the Provost's Office at [provostfacultyaffairs@duke.edu](mailto:provostfacultyaffairs@duke.edu) alongside a dFac form. For the Schools of Medicine and Nursing, a copy should also be sent to the SoM Office of Faculty and Academic Affairs, DUMC 3654.