

DARTMOUTH

The Faculty of Arts and Sciences

Staff Authorization Request for A&S Teaching

To be completed by employee:

Name: _____ Date submitted: _____

Home Department: _____ Home Division: _____

Position Title: _____ Building Location: _____

Current Status: Full-Time Part-Time Hourly Salaried

Current Worksite Arrangement: On-site Hybrid Remote

Current office hours: _____ Current supervisor's name: _____

What type of alternative work adjustment is being requested for this additional work:

(Arrangement would only be active during the term (s) teaching).

Reduce Staff Hours/FTE: Allows an employee to reduce their scheduled working hours, during the term (s) teaching (reducing the staff pay) for the redistribution of FTE and disbursement of pay as faculty through the term (s) in which services are being provided.

After Hours: Course and teaching obligations are being performed outside of normal business hours. No adjustment is needed for existing staff assignment, payment would be disbursed as an additional payment with no benefits through the term (s) in which services are being provided.

Increase Staff Hours/FTE: Allows an employee working less than 40 hours per week, and less than 1 FTE to increase staff hours/FTE to accommodate teaching responsibilities. Payment for the course (s) would be coordinated with your current department for disbursement at the end of the term (s) the services were provided.

Increase FTE for Additional Faculty Assignment: Allows an employee working less than 40 hours per week, and less than 1 FTE to increase FTE with an additional faculty assignment. Payment for the course (s) would be disbursed directly to the employee during the term (s) in which services are being provided.

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Proposed Teaching Assignment:

Department: _____ Division: _____

Course Title: _____ Course Number: _____

Term(s): _____

Proposed start date: _____ Proposed end date: _____

Course days/time: _____

Current and Proposed Work Schedule

(Please indicate location if not a Dartmouth workplace.)

Current Work Schedule

Hours per week: _____ or FTE %: _____

Proposed Work Schedule

Hours per week: _____ or FTE %: _____

	Start Time - End Time	Total Hours	Location		Start Time - End Time	Total Hours	Location
Sunday				Sunday			
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			

Schedule Supporting Comments:

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Employee's Supporting Information:

On a separate attachment, please answer the following questions and attach them to this agreement. Be as specific as possible. Please review the [Flexible Work Policy](#) and [Flexible Work](#) website for additional information and guidance.

1. Describe how you will accomplish your work under the requested arrangement.
2. Describe the impact your requested alternative work arrangement will have on the following groups: co-workers, supervisors, supervisees, clients, students, your department or office, and Dartmouth College.
3. Describe the solutions you propose to overcome any challenges presented by this arrangement.
4. Describe how regular communication will be addressed and handled.
5. Describe how and when your work and performance will be assessed. (The arrangement should support all goals and objectives you have set for the year.)
6. What positive outcomes do you anticipate as a result of this arrangement? When answering, focus on workplace specific outcomes (such as your ability to perform your work).

Employee Acknowledgement:

- I understand that my failure to adhere to the expectations set by my supervisor may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of the opportunity to continue this arrangement.
- Alternative work arrangements are subject to ongoing review and may be subject to modifications or termination at any time based upon performance concerns or business needs. The first review will be performed within 90 days of effective date of this agreement, and either Dartmouth or the employee can request a modification to or review of Employee's work schedule at any time.
- This agreement does not guarantee Employee employment with Dartmouth for a fixed or indefinite term.
- Generally, the supervisor or the employee should give at least 30 days prior notice of ending or adjusting an arrangement, business needs permitting. In some instances, a resumption of the original schedule may no longer be possible, and alternatives should be identified.

Employee signature

Date

Supervisor and Dept. Head/Divisional Leader Approval

This request has been reviewed and approved by the following:

Employee signature

Date

Supervisor signature

Date

Department Chair

Date

1. **Employee completes & signs** form, **forwarding** to their **supervisor**.
2. **Supervisor signs** form **forwarding** back to **employee**.
3. **Employee forwards** to **A&S Department Chair**.
4. **A&S Department Chair** signs form, **forwarding** to the **A&S Department Administrator**.
5. **A&S Department Administrator** reviews and **attaches** to the **Appointment Request form**, **forwarding** to the **A&S Divisional Coordinator**.
6. **A&S Divisional Coordinator** generates **Appointment Letter**.