Adoption Reimbursement, Education Reimbursement & Flexible Work Arrangement Request

You can use Workday to submit requests for the Education Reimbursement Benefit, Adoption Reimbursement benefit, and Flexible Working Arrangement requests.

1. Click the **Requests** application from your Workday homepage.
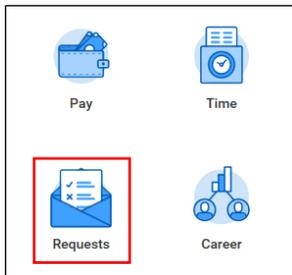
2. From the Actions column, click **Create Request**.
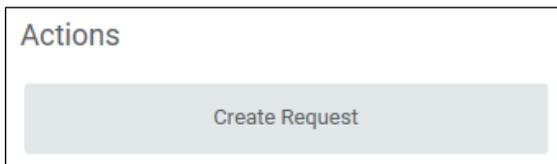
3. From the **Request Type** dropdown, select the type of request you would like to submit and click **OK**.
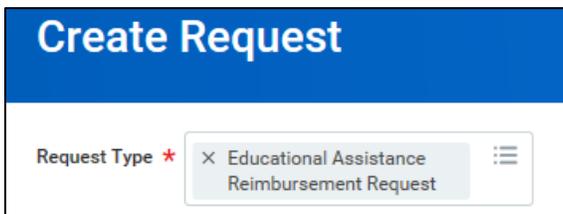
Education Reimbursement Request

1. Provide detailed information about the course you are requesting reimbursement for *following the completion of your classes and/or examinations.* You must include:

- **A transcript**
- **Itemized paid receipts**

Note: Williams offers financial assistance to eligible employees for external education opportunities. Review the Educational Assistance Reimbursement program on HR Information Source.

2. **Describe the Request** in the field, providing detailed information.

3. Enter your **Employee Name**, **Employee ID**, and **Employee Status** in the appropriate fields.

Employee Name (Required)

Employee ID (Required)

Employee Status (Required)
- ○ Full Time
- ○ Part Time

4. Enter information about the educational institution. Type the **Education/Certifying Institution**, **City of School**, and **State of School**.

Educational/Certifying Institution (Required)

City of School (Required)

State of School (Required)

5. Enter information about the course itself. Type the **Course/Exam Type**, **Degree/Certification being obtained/pursued**, **Hours**, and **Start** and **Completion Date** of the course.

Course/Exam Type (Required)
- ○ Undergraduate - Level Coursework
- ○ Graduate - Level Coursework
- ○ Examination Fee/Review - Coursework
- ○ Technical/Vocation - Level Coursework

Degree/Certification being obtained/pursued (Required)

Hours (Required)

0

Start Date (Required)

MM / DD / YYYY 🗓

Completion Date (Required)

MM / DD / YYYY 🗓

6. Enter information about the cost of the course and associated fees. This includes:

- **Tuition**
- **Required Fees**
- **50% of Books Total Cost**
- **Review Course**

- **Examinations**

7. In the **Employee Cost: Total** field, enter the *total amount spent on the course.*

> Employee Cost: Total (Required)

8. Upload your **Transcript** and any **Receipts/Documentation** of the coursework.

9. Sign the agreement by typing your name in the box.

> Educational Assistance benefits are subject to supplemental tax after $5,250 is paid in a calendar year.
>
> I understand that the Educational Assistance Program, this application, or the approval by the company, DOES NOT authorize me to obligate the company for tuition or other expenses. In consideration of the company paying my tuition, text book(s), and laboratory fees for the above course(s), I shall reimburse the company for such fees if I fail to meet the program requirements as outlined in the Program Document.
>
> I give the company full authority to deduct from my payroll check any sums due to the company. I believe the above course(s) will be beneficial to me in my employment with the company and therefore request that my application be approved.
>
> By signing my name below, I verify that I do not qualify for Financial Assistance such as SCHOLARSHIPS, FELLOWSHIPS, GRANTS, or any GOVERNMENT PROGRAM that would not require me to pay for expenses submitted to Williams for reimbursement. (Required)

10. Click **Submit** to complete your request.

11. You can follow the status of your request by returning to the **Request** application, and clicking **My Requests** from the **View** column.

> View
>
> My Requests

Adoption Reimbursement Request

This form should be completed, signed and submitted after the adoption has been fully finalized. Fully itemized receipts showing payment and a copy of the finalized adoption certificate must be attached or the requests cannot be processed. **Requests must be filed within 60 days of adoption finalization**.

Note: Review the Adoption Assistance Policy on HR Information Source for a more detailed description of benefits and requirements. Reimbursement under this policy is limited to $8,000 per child.

1. **Describe the Request** in the field, providing detailed information.

> Describe the Request *

2. Enter your **Employee Name**, **Employee ID**, and **whether your Spouse or Domestic Partner is a Williams employee** in the appropriate fields.

Employee Name (Required)

Employee ID (Required)

Is your Spouse or Domestic Partner a Williams employee? (Required)
○ Yes
○ No

3. Next you will enter information about the child. Type the **Child's Name**, **Child's Birth Date**, and **Adoption Date** in the appropriate fields.

Child's Name (Required)

Child's Birth Date (Required)

MM / DD / YYYY 📅

Adoption Date: all documentation must be submitted within 60 days of the adoption becoming final (Required)

MM / DD / YYYY 📅

4. Enter the **Total Expense Reimbursement Request**, which is limited to $8,000 per child.

Total Expense Reimbursement Request: (Limited to $8,000 per child) (Required)

5. Upload the final **detailed/itemized receipts** (which should be on official stationary and/or on a form printed or engraved).

6. Upload the final **Decree of Adoption**.

7. Sign the following agreement **by typing your name** in the box.

By signing this form, the employee certifies that submitted expenses are eligible expenses as described in the Adoption Assistance Program Policy. (Required)

8. Click **Submit** to complete your request.

9. You can follow the status of your request by returning to the **Request** application, and clicking **My Requests** from the **View** column.

View

My Requests

Flexible Working Arrangement

You can use this request to obtain a working agreement outside of the regular 5-40 schedule. This type of request (telecommunication and/or flexible work arrangement) will require approval.

1. **Describe the Request** in the field, providing detailed information.

Describe the Request *

2. Select the **Flexible Work Arrangement** you would like to transition to.

Select Flexible Work Arrangement (Required)
- ⚪ 9/80 or Other Compressed Work Week
- ⚪ Flextime
- ⚪ Job Sharing
- ⚪ Part-Time/Full-Time Change
- ⚪ Telecommute

3. Describe the business rationale for the request. Be sure to include any risks or issues related to performance and/or business continuity.

Describe the business rationale of the request, including any potential issues or risks to related to personal or team performance and/or to business continuity: (Required)

4. Sign the agreement by clicking **I Agree**.

In requesting this arrangement, I acknowledge that Williams may terminate or modify a work arrangement at anytime for any reason, with or without notice. Moreover, a flexible work arrangement is not and will not be construed as a contract of employment. The company's employment relationship is "at will", meaning the employee is free to resign at any time and the company may terminate an employment relationship at any time for any reason, with or without notice. (Required)

- ⚪ I Agree
- ⚪ I do not Agree

5. Click **Submit** to complete your request.

6. You can follow the status of your request by returning to the **Request** application, and clicking **My Requests** from the **View** column.

View

My Requests