



FLEXIBLE WORK OR REMOTE WORK ARRANGEMENT

Request Form

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Position: _____

Campus Address: _____

Department: _____ Campus Phone: _____

Campus Email: _____

Supervisor: _____ Campus Phone: _____

Campus Email: _____

Flexible Arrangement Requested:

___ Remote Work*

___ Altered Full-time Schedule

___ Reduced Work Hours**:

* \$ S S U R Y D O R I U H P R W H Z R U N Z L O O E H G H S H Q G H Q W R Q F R P S O L D O

1. Remote Work Arrangement Request

Proposed Remote Work Site and On-Campus/Off-Campus Schedule:

Reason for Remote Work request:

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Timeline for Remote Work Arrangement and periodic review dates:

Other information that may assist in evaluating this request

2. Altered Full time Schedule Request

Current Work Schedule:

Proposed Work Schedule:

Reason for request:

Describe how your work will be accomplished:

Describe positive and negative impacts of the alternate schedule.
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S U R G X F W L Y L W \

Timeline for alternate schedule and periodic review dates:

Other information that may assist in evaluating this request

3. Reduced Work Hours Request

Current Work Schedule:

Proposed Work Schedule:

Reason for request:

Describe how your work will be accomplished:

Timeline for alternate schedule and periodic review dates:

Other information that may assist in evaluating this request

Employee's Signature

Date

Supervisor's Signature

Date

Dean or Department Head's Signature

Date

Please print form and submit a copy of this request to the Chief Human Resources Officer

____ Request Approved

____ Request Declined (specify reason below)

HR Signature _____

Date _____

Request Denied Reasoning