

Chapter XVI

Flexible Work Arrangements Request

Attachment A Request for Flexible Work Arrangement

Name of Employee:	
Department:	
Title/Position:	
Name of Supervisor:	
Type Requested:	
Reason for Request:	

Note: Employees requesting to telecommute must also complete Attachments C-E and Supervisors must complete Attachments F – G.

Proposed Work Schedule		
Week 1	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 2	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

By signature below, I attest that I have read and understand the policy and procedures concerning flexible work arrangements and will adhere to the above schedule. I further understand that if approved, a flexible schedule arrangement must be approved at the beginning of each calendar year and approval of one year does not guarantee approval in subsequent years. A flexible work arrangement may be discontinued at any time for operational necessity or based on performance.

Employee Signature _____
Date

Approve ____ Disapprove ____

Supervisor Signature _____
Date

Approve ____ Disapprove ____

Department Head Signature _____
Date

Approve ____ Disapprove ____

HR Director Signature _____
Date

Comment/Explanation if Disapproved _____