



FLEXIBLE WORK OR REMOTE WORK ARRANGEMENT  
Request Form

Date: \_\_\_\_\_

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\*\*:

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1. Remote Work Arrangement Request

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

Reason for Remote Work request:

PHWKRGV DQG SURGXFWLYLW\

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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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