



ALTERNATIVE WORK ARRANGEMENT OPTION REQUEST

Requestor completes this section

Employee Name		Dept/Mgmt Ctr
Employee Job Title	<input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt	Employee's Supervisor Name
Date Request Submitted	Employee Work Phone #	Employee Case Email Address

Alternative Work Arrangement Option Requested

<input type="checkbox"/> Flexible Work Week (Flextime)	<input type="checkbox"/> Compressed Work Week	<input type="checkbox"/> Reduced Schedule (Part-time)
<input type="checkbox"/> Partial Work Year	<input type="checkbox"/> Job Share	<input type="checkbox"/> Multiple Concurrent Jobs
<input type="checkbox"/> CASEworks Telecommuting		

Requested Work Schedule (Use for Flextime-Compressed Work Week-Multiple Concurrent Jobs & CASEworks Telecommuting)

Day	Hours (Note Lunch Break)	Location (Case facility or Alternate Work Site)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Weekly Hours		

Respond for ALL Alternative Work Arrangement Options

How will your requested schedule sustain or enhance your department/team ability to get the job completed?

(Leave blank if no answer)

Please identify potential barriers that the requested option would raise with a) external customers; b) internal customers; c) co-workers; d) management; and/or e) others?

(Leave blank if no answer)

Suggest ways of overcoming any challenges with these groups?

(Leave blank if no answer)

How will your requested schedule sustain or enhance your department/team ability to get the job completed?

(Leave blank if no answer)

What reasonable objectives and measurements would you propose for you and your supervisor to assess how your performance is meeting or exceeding performance expectations?

What review process (other than mid-year and annual review) with your supervisor/manager do you propose for constructive monitoring and improvement of your alternative work arrangement option?

The employee understands that this request for an alternative work arrangement option is not a contract of employment between the University and the employee and does not provide any contractual rights to continued employment. This request does not alter or supersede the terms of the existing employment relationship. The employee remains obligated to comply with all University Human Resource Policies and Procedures.

Employee Signature _____ Date _____

Approval Process (Send copies of the request form and all other attachments to the following)

Supervisor	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Date
Signature:			

Department Director/Chair/VP	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Date
Signature:			

Employee Relations	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Date
Signature:			

<i>If request is denied, please provide details.</i>			

<i>If request is approved.</i>			
Effective date of Alternative Work Arrangement _____	Ending Date _____	<i>(If option is time limited)</i>	

Other conditions/terms of Alternative Work Arrangement Policy