



Flexible Work Arrangement Request Form

EMPLOYEE INFORMATION

Name: _____ Department: _____

Title: _____ Supervisor Name: _____

Email: _____ Supervisor Title: _____

Hours of Work						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1						
Week 2						

**All schedules should cover core business hours 9:00 am—4:00 pm*

Lunch:

30 Minutes

1 Hour

Requested Start Date: _____ End Date (if temporary): _____

STATEMENT OF NEED:

Employee Signature: _____

Date: _____

Immediate Supervisor Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

