

PSSA ALTERNATIVE WORK ARRANGEMENT REQUEST FORM

Requestor completes this section

Employee Name		Department	
Employee Job Title		Employee's Supervisor Name	
Date Request Submitted	Employee Work Phone #	Email Address	

Requested Remote Work Schedule

Day	Hours (Note Lunch Break)	Location: RWU Office or Alternate Work Site
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Weekly Hours		

Employee Signature _____ Date _____

Please specify the reason(s) for the request and the off-site location at which the remote work will be performed.

APPROVAL PROCESS

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

For remote work only

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

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

If request is approved.

Effective date of Alternative Work Arrangement _____ Ending Date _____
(If option is time limited)

If applicable, date remote work agreement signed: _____
