

NON-ALIGNED ALTERNATIVE WORK ARRANGEMENT OPTION REQUEST FORM

Requestor completes this section

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

Alternative Work Arrangement Option Requested (indicate one or both)

<input type="checkbox"/> Flexible Work Schedule	<input type="checkbox"/> Remote Work Arrangement
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Requested Flexible Work & Remote Work Schedules

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

Employee Signature _____ Date _____

Please specify the reason(s) for the request, the off-site location at which the remote work will be performed if this option is selected, and/or the weekly work schedule to which the employee will adhere if approved,

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>

<i>If request is approved.</i>

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

If applicable, date remote work agreement signed: _____
