



Request for Alternate Work Arrangement

Employee Information	
WIN #:	Department:
First Name:	Last Name:
Position Title:	Supervisor:
Requested arrangement: <input type="checkbox"/> Modification of work day start/end time to <input type="checkbox"/> Change from 12-month full-time to full-time status* <input type="checkbox"/> Limited telework <input type="checkbox"/> Compressed work week (35 hours per week in 3 or 4 days)	
Duration of requested arrangement?	
Potential impacts on department operations and/or coworkers?	
Please provide any other relevant details related to your request:	
<i>I acknowledge that submitting this request does not guarantee approval of the proposed alternate work arrangement and that any and all arrangements are subject to reevaluation and change per the University's Remote Work Policy.</i>	
Employee Signature: _____ Date: _____	
Response – to be completed by supervisor and department head	
Alternate Work Arrangement Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:	
Supervisor Signature:	Date:
Department Head Signature:	Date:

***Supervisors should submit a personnel status change form to the Human Resources office for any employees who are approved to transition to a 9 or 10 month appointment**