



Request for Alternate Work Arrangement

Employee Information	
WIN #:	Department:
First Name:	Last Name:
Position :	Supervisor:
Requested arrangement (35 hours per week in 3 or 4 days)	
<i>full-time status*</i>	
<i>Potential impacts on department operations and/or coworkers?</i>	
<i>Please provide any other relevant details related to your request:</i>	
<p><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></p> <p>Signature: _____ Date: _____</p>	
Response to be completed by	
<p>A A A : <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
D	
S Signature:	Date:
D H S	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*