

PSSA ALTERNATIVE WORK ARRANGEMENT REQUEST FORM

Requestor completes this section

Employee Name		Department	
Employee Job Title		(P S O R \ H H ¶ V 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		
Saturday		
Total Weekly Hours		

APPROVAL PROCESS

For remote work only

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