



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 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,

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