Flexible Work Arrangement Request Form

Employee Name: _____

Position Title: _____

Department: _____

Supervisor's Name: _____

Department Head: _____

Current (or Regular) Schedule Days Starting/Ending Times and Location	**Proposed Flexible Work Schedule** Days Starting/Ending Times and Location
Sunday	Sunday
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday
Saturday	Saturday
Total Hours:	Total Hours:

Will any work performed under a Flexible Work Arrangement involve accessing, processing, storing, or transmitting sensitive information? *(Examples of sensitive information include Social Security numbers, financial information, Protected Health Information, and export-controlled information.)*
Check one: Yes _____   No _____

If yes, please specify the business process (es) for which you will use sensitive information.
_____
_____
_____

I certify that my work can be completed within the schedule set forth above and in the location set forth above with no loss of customer service or security and with no disruption to others in my department or to the department's operations. I understand that my supervisor or department head may require me at any time for any reason to return to the regular work schedule or regular work location. I agree to do so upon request. I also understand that I must submit a new Flexible Work Arrangement Request to make a change in my schedule and / or location and, if applicable, sign a new Telecommuting Agreement.

_____   _____
Employee's signature   *Date*

For Supervisor:
_____ **Approved** ___ **Approved with Modifications* (note below)**
_____**Approved Subject to Telecommuting Agreement** _____ **Not Approved**
* Applicable modifications to requested flexible work arrangement:

_____

_____

If approved, identify start date for the flexible work arrangement: _____
If not approved, provide reason(s):

_____

_____

_____   _____
Supervisor signature   *Date*

_____   _____
Department Head signature   *Date*
**Send copy to Human Resources (hrsystemsadmin@udel.edu) to put in personnel file and update their position schedule / location
**If employee returns to original schedule / location or there are additional modifications to the schedule / location please complete this form and send a copy to Human Resources (hrsystemsadmin@udel.edu)