



## Flexible Work Arrangement Request Form

Name: _____		Date: _____	
Job Title: _____		Campus Address: _____	
Department: _____		Ext.: _____	Email: _____
Supervisor: _____		Ext: _____	Email: _____

1. Flexible Arrangement Requested:

- ☐ Telecommuting (i.e., work from home full or part time):
- ☐ Reduced Scheduling (i.e., part time):
- ☐ Flextime Schedule (i.e., change in regular schedule - hours/days):
- ☐ Compressed Workweek (i.e., 3 or 4-day workweek):
- ☐ Other (please specify): \_\_\_\_\_

\*Reduced work hours may result in a change in your Einstein Medical Benefits. Contact Human Resources if you have any questions.

2. Have you received the COVID-19 Vaccine? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Indicate the reason for this request and explain in detail (Please note if your request is related to your own medical condition, please complete the disability accommodation request form in accordance with Einstein's Disability Accommodation Policy.

4. If you are requesting to telecommute, please provide the address of where you will be telecommuting:

5. If you are request a change in your schedule, please identify below the proposed schedule change:

6. Indicate the timeline for this request:

Duration: \_\_\_\_\_

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Periodic Review (minimum once every month): \_\_\_\_\_

Requested Total Hours: \_\_\_\_\_

7. How would your work be accomplished under this Flexible Work Arrangement? Please provide details of work responsibility, tasks, and duties. Be specific about what must be accomplished, how this will be done under the proposed arrangement, identify measurable objectives, goals, and priorities.

8. Identify how this arrangement will impact the following:

Co-Workers (scheduling, workload, task accountability, collaboration):

\_\_\_\_\_

External/Internal Clients (quality of service, timeliness, communication):

\_\_\_\_\_

Supervisors (workflow systems, work methods, productivity, accountability):

\_\_\_\_\_

9. Other information that may assist your supervisor and/or department head evaluating this request.

I understand and acknowledge that this request if approved may be discontinued by my supervisor and/or department head at any time. This arrangement does not guarantee any fixed terms or conditions of employment.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Human Resources Use Only:

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved \_\_\_\_\_ Request Declined \_\_\_\_\_

Comments: