

# Alternate Work Arrangement Request/Decision Form

A copy of this form will remain in the employee's Paycom employment file and will be forwarded to HR.

**Part I – To be completed by employee**

*This form has been developed to make the process of preparing and presenting a request for an Alternate Work Arrangement under the University's Flexible Work Schedule, Compressed Work Schedule, and Telecommuting Policy (the "Policy") during the COVID-19 pandemic when University operations are not ordinary due to State of Ohio and CDC health guidelines. During the COVID-19 pandemic, the Policy applies to all staff employees. Please complete this form and email it to your supervisor. **Any approved Alternate Work Arrangement may be adjusted on a weekly basis due to University COVID-19 safety guidelines; however, no adjustment to any employee's Alternate Work Arrangement in any week shall relieve the employee of any job responsibilities or minimum work hour requirements.***

Date Submitted: \_\_\_\_\_

CARS ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Non-Exempt	<input type="checkbox"/>
Exempt	<input type="checkbox"/>
Administrative	<input type="checkbox"/>
Faculty	<input type="checkbox"/>

**Options for an Alternate Work Arrangement are flexible, compressed, or telecommuting as described in the Policy.**

<input type="checkbox"/> Flexible Work Schedule (Flex Time) <input type="checkbox"/> Compressed Work Schedule <input type="checkbox"/> Telecommuting (Working Remotely)
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**Proposed Alternate Work Arrangement schedule:**

Day	Hours	On Site (x)	Off Site/Remote (x)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total Weekly Hours: \_\_\_\_\_

In addition to thoroughly reviewing the considerations listed in the section on your chosen option, be sure to consider the following:

- Impact on peers and your relationships with them
- Impact on your PTO
- Communication with your supervisor and team

Describe how your request for a flexible work arrangement will sustain or enhance your ability to meet service standards:

Describe the anticipated benefits to the department that might result from this flexible work arrangement:

(If applicable) Describe any additional equipment/expense that your flexible work arrangement might require:

What review process with your supervisor do you propose for constructive monitoring and improvement of your flexible work schedule?

What potential gaps could your flexible schedule raise with external, internal, coworkers, your manager/ supervisor and others? How will they be handled?

**Part II – To be completed by Supervisor/ Manager**

- Flexible work arrangement approved
- Flexible work arrangement approved with modifications
- Flexible work arrangement denied/terminated

If you modified/declined this request, please describe why:

**This agreement is subject to reevaluation should either party request a review.**

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Employee: \_\_\_\_\_

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

Supervisor/ Manager: \_\_\_\_\_

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