



FLEXIBLE WORK ARRANGEMENT REQUEST FORM

Employee Name: _____

Position Title: _____

Department: _____

Supervisor: _____

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 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*
- 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: _____

- ** 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)