

# Flexible Work Arrangement Proposal Form

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

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

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

Type of Flexible Work Arrangement Being Requested:

Flexible Work Hours

Telecommuting

Flexible Work Hours

Proposed Start Date: \_\_\_\_\_

Proposed Schedule:

8:00 a.m. – 4:30 p.m.

8:30 a.m. – 5:00 p.m.

9:00 a.m. – 5:30 p.m.

9:30 a.m. – 6:00 p.m.

OR

Adjusted Lunch Period Flex

Proposed Start Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Lunch Hours: \_\_\_\_\_

End Time: \_\_\_\_\_

Telecommuting

Proposed Start Date: \_\_\_\_\_

Proposed Day:

Monday

Tuesday

Wednesday

Friday

Requested FWA Approved

Requested FWA Denied

Confirmed Start Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_