



Yeshiva University

FLEXIBLE WORK OR REMOTE WORK ARRANGEMENT

Request Form

(Attach additional information on a separate sheet. Submit request to your supervisor.)

Name: _____

Date: _____

Position: _____

Campus Address: _____

Department: _____

Supervisor: _____

Campus Phone: _____

Campus Email: _____

Flexible Arrangement Requested:

___ **Remote Work***

___ **Altered Full-time Schedule**

___ **Reduced Work Hours**:**

** Approval of remote work will be dependent on compliance with the Remote Work Policy.*

*** Reduced work hours may result in a change in your Yeshiva University benefits. Contact Human Resources if you have any questions.*

1. Remote Work Arrangement Request

Proposed Remote Work Site and On-Campus/Off-Campus Schedule:

Reason for Remote Work request:

Describe how your work will be accomplished:

Describe positive and negative impacts of the remote work arrangement *(i.e extended business hours. Cross-training, retention of trained employees, impact on co-workers, cost savings, workflow methods and productivity)*

Timeline for Remote Work Arrangement and periodic review dates:

Other information that may assist in evaluating this request:

2. Altered Full time Schedule Request

Current Work Schedule:

Proposed Work Schedule:

Reason for request:

Describe how your work will be accomplished:

Describe positive and negative impacts of the alternate schedule *(i.e extended business hours. Cross-training, retention of trained employees, impact on co-workers, cost savings, workflow methods and productivity)*

Timeline for alternate schedule and periodic review dates:

Other information that may assist in evaluating this request:

3. Reduced Work Hours Request

Current Work Schedule:

Proposed Work Schedule:

Reason for request:

Describe how your work will be accomplished:

Timeline for alternate schedule and periodic review dates:

Other information that may assist in evaluating this request:

Employee's Signature

Date

Supervisor's Signature

Date

Dean or Department Head's Signature

Date

Please print form and submit a copy of this request to the Chief Human Resources Officer

____ **Request Approved**

____ **Request Declined (specify reason below)**

HR Signature _____

Date _____

Request Denied Reasoning