



FLEXIBLE WORK ARRANGEMENT Request Form

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

Name: _____	Date: _____
Position: _____	Campus Address: _____
Department: _____	Ext: _____
Supervisor: _____	Ext: _____
	Email: _____

1) Flexible Arrangement Requested:

Altered Full-time Hours:

- Flexible Schedule
- Compressed Work Week
- Other (specify): _____

Reduced Work Hours*:

- 80% + Work Schedule
- Part-Time
(with modified benefits)
- Other (specify): _____

Alternate Work Site:

- Telecommuting
- Other (specify): _____

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

2) Current Work Schedule:

M _____ T _____ W _____ Th _____ F _____
 Sa _____ Su _____

Current Total Hours: _____

3) Specify the schedule change you are requesting:

M _____ T _____ W _____ Th _____ F _____
 Sa _____ Su _____

Requested Total Hours: _____

4) Indicate your timeline for this Flexible Work Arrangement:

Duration: _____ Begin: _____ End: _____
 Trial Period: _____ Begin: _____ End: _____

Periodic Review Dates: _____

5) How would your work be accomplished under this Flexible Work Arrangement?

6) What desired outcomes do you hope to achieve through this Flexible Work Arrangement?

7) What cost-saving value is added to the organization by this Flexible Work Arrangement? (i.e., extended business hours, cross-training, retention of trained employee)

8) What impact, positive or negative, will your proposed Flexible Work Arrangement have on:

Co-Workers (*staffing, scheduling, workload, task accountability*):

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

Supervisor (*workflow systems, work methods, productivity*):

9) In drafting this request, did any of the following assist in your decision making process?

- Co-Worker Supervisor Other Department Human Resources

10) Other information which may assist in evaluating this request?

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

- Request Approved Request Declined (If request is declined, please specify reasons:)

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Vice President or Dean's Signature: _____ Date: _____

HR (date) _____