

**Flexible Work Arrangement Application**

Employee Name		Employee Number	
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Job Title		Department	
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**Type of Arrangement Requested**

<input type="checkbox"/> Flex Time	<input type="checkbox"/> Reduced Hours
<input type="checkbox"/> Job Share	<input type="checkbox"/> Other _____
<input type="checkbox"/> Part Time	

**Reason for Request**


**Work Schedule Requested**

Days Requested			
Hours Requested			
Requested Start Date		Requested End Date	

**Telecommuting Information**

Office Location			
Office Phone Number ( )			Voice Mail Available <input type="checkbox"/> Yes <input type="checkbox"/> No
Office Fax Number ( )			
Email Address			

**Manager Comments**


**Signatures and Approval**

Employee	Date
Supervisor	Date
Manager	Date
Human Resources	Date