

Flexible Work Program Request Form

Per the Flexible Work Arrangement Policy, this form must be completed and submitted to your manager as the first step in requesting a flexible work arrangement.

Employee Information

Last Name:	First Name:	NMU IN:
Title:	Department:	
Direct Manager/Supervisor Name:	Employee Type: <input type="checkbox"/> Non-Rep <input type="checkbox"/> Administrative/Professional	
Request Type: <input type="checkbox"/> Alternate Work Schedule <input type="checkbox"/> Hybrid <input type="checkbox"/> Completely Remote	Employee Status <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	

If applicable, where will the off-campus work be performed? At employee's home Other Location

Address:	City:	
State:	ZIP Code:	
Telephone Number: <input type="checkbox"/> Cellular <input type="checkbox"/> Landline	()	

Workspace Description Include a brief description of the remote work location including how you will ensure the space is free from nonwork-related interruptions and how confidentiality will be maintained if relevant to your position. If remote work is expected to be completed in more than one location, provide this information for all locations. Use an additional sheet of paper if needed.

Proposed Work Hours

<p>Note: Note the days and hours that you will be working, and check any days you would like to work remotely. You must be reachable via phone, email and other expected communication channels within the time periods indicated below.</p>		
<input type="checkbox"/> Sun	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Mon	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Tue	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Wed	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Thu	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Fri	Start: _____ am / pm	Stop: _____ am / pm
<input type="checkbox"/> Sat	Start: _____ am / pm	Stop: _____ am / pm
Special Notes:		

Please type your responses to the following questions on a separate sheet of paper and submit to your supervisor with this form.

- 1) How will you ensure that the needs of your customers will continue to be met?
- 2) What potential impacts will this flexible work arrangement have on your colleagues?
- 3) What plans do you have to ensure on-going, consistent communication with your supervisor and other colleagues?
- 4) What skills do you have that you feel will make this arrangement successful?
- 5) What advantages will this flexible work arrangement provide to your department?
- 6) For hybrid/remote work requests, please confirm that you have stable/reliable Internet connectivity.

Employee

Date