

ALTERNATIVE WORK ARRANGEMENT PROPOSAL FORM

Please use this form for each position under consideration. Feel free to include other documents to support your request. If you have questions on how to complete this form, please speak with your point of contact. You will need to submit this to your divisional point of contact for review/approval before implementing Alternative Work Arrangements.

Division /College: _____

Department: _____

Role(s) under consideration for an alternative work arrangement: _____

Number of individuals in this role: _____

Campus: _____

Office Location: _____

Exempt (salaried) or Non-Exempt (hourly) Position: _____

Proposed Schedule for individuals in role (fully remote or hybrid): _____

Proposed Start Date: _____

Proposed End Date (if known): _____

Name of person submitting request: _____

Please explain why this position is well-suited for an Alternative Work Arrangement:

How are you ensuring all relevant business needs can be met by allowing this Alternative Work Arrangement?