

5235F3-Alternate Work Arrangements Application

Employee Information

Name _____ Position Title _____

Department _____ Office Phone _____

Requested Alternate Work Arrangement Option (check all that apply):

_____ A Telecommuting Arrangement _____ Flexible Work Schedule _____ Job Sharing Arrangement

Proposed duration of arrangement: _____ (Maximum One Year)

Reason for request: _____

Describe the nature of the work to be performed: _____

How will this arrangement benefit Valley School District and your department? _____

Proposed Telecommuting Specifics (For Telecommuting Request Only):

Where do you propose to work? _____ Residence _____ Other (describe) _____

Address of Offsite Work location: _____

Phone number at Offsite Work location: _____

Work and Alternate Email Addresses at Offsite Work location: _____

Accessibility Information (check all that apply):

How can you be contacted while working offsite? _____ Phone _____ Work Email _____ Alternate Email

_____ Voice mail/answering machine _____ Other: _____

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Proposed Telecommuting, Flexible or Job Shared Work Schedule:

Which days do you propose to work? (check days applicable to this request)

Monday Tuesday Wednesday Thursday Friday

OR Variable/Seasonal (specify) _____

Daily schedule:

Total hours per day _____ Start time: _____ a.m. / p.m. Finish time: _____ a.m. / p.m.

Optimal hours you can be reached by phone: _____ a.m. / p.m. to _____ a.m. / p.m.

If job-sharing is proposed, explain on the reverse side how you plan to accomplish regular communication with your job-sharing partner.

Applicant Acceptance of Alternate Work Arrangements Policy and Procedure:

I have read the Alternate Work Arrangements policy and procedures and understand the requirements and obligations that I am expected to accept and meet.

Signature: _____ Date: _____

Supervisor/Department Head Review and Recommendation:

I/we have reviewed this application for the following work option(s) and time frames requested (One Year Maximum).

Alternate Work Arrangements Flexible Work Schedule Job-Sharing Arrangement

Recommendation: **Approved** **Approved with Modifications** (explain on reverse) **Denied**

Administrator Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Human Resources Office Use Only:

Date Request Received

Date Notification Sent

Date Agreement Sent

Date Agreement Received

Date Payroll Notified