

Temporary Alternative Work Arrangements Request Form

This form is to be used for alternative work arrangements such as telecommuting, working from home, working remotely and working an altered schedule.

Effective Date:

Employee Name:

Employee Title:

Employee Department:

Name of Supervisor:

Request Details- Check all that apply

Flextime
 Abbreviated Schedule/Part Time
 Compressed Work Week
 Work remotely

Proposed Schedule Details

Employees must continue to follow the Employee Working Hours Policy

<https://inside.nku.edu/content/dam/policy/docs/Policies/EmployeeWorkingHours.pdf>

Proposed Schedule: Week 1

Proposed Schedule: Week 2

Days	Start Time	End Time	Total Hours	Location	Days	Start Time	End Time	Total Hours	Location
Sample	8:15 am	4:30 pm	7.5	Home	Sample	8:15 am	4:30pm	7.5	Home
<input type="checkbox"/> Sunday					<input type="checkbox"/> Sunday				
<input type="checkbox"/> Monday					<input type="checkbox"/> Monday				
<input type="checkbox"/> Tuesday					<input type="checkbox"/> Tuesday				
<input type="checkbox"/> Wednesday					<input type="checkbox"/> Wednesday				
<input type="checkbox"/> Thursday					<input type="checkbox"/> Thursday				
<input type="checkbox"/> Friday					<input type="checkbox"/> Friday				
<input type="checkbox"/> Saturday					<input type="checkbox"/> Saturday				

Comments

Employee's Agreement

I have read NKU's Alternate hours policy and agree to abide by its terms and limitations. I accept the above schedule and the conditions listed by my supervisor. I understand that NKU can cancel this arrangement at any time, for any reason or for no reason.

I also agree to adjust my working hours when requested to do so by my supervisor or when otherwise necessary to carry out the duties I have been assigned.

I understand vacation during this time will be deducted equal to my alternate hours for that day (ex. Monday – 9 hours = 9 hours vacation).

Typing in your name in the signature section below serves as agreement and approval for the alternative work arrangements documented above.

Employee Signature:	Date:
Supervisor Signature:	Date: