



COVID-19 Alternative Work Arrangement Request Form

Employee's Name	_____	NUID	_____
Department	_____	Home/Cell phone	_____
Work email	_____		
Home email	_____		
Normal Work Days/Hours	_____	Requested Work Days/Hours	_____
Requested Start Date	_____	Requested End Date	_____
Alternate Work Site location (address)	_____		

Alternate Work Duties requested
(e.g. same duties, or alternate duties requested)

Employee's Signature

Date:

Immediate Supervisor's Signature for Approval

Date:

Attach **Alternative Work Site Agreement** or other Alternative work schedule/duties document

Copies to:

- Employee
- Supervisor
- Employee Personnel File