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: Click or tap to enter a date.

Employee Name: Click or tap here to enter text. **Employee Title:** Click or tap here to enter text.

Employee Department: Click or tap here to enter text. **Name of Supervisor:** Click or tap here to enter text.

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
☐Sunday	Enter	Enter	Enter	Enter	☐Sunday	Enter	Enter	Enter	Enter
☐Monday	Enter	Enter	Enter	Enter	☐Monday	Enter	Enter	Enter	Enter
☐Tuesday	Enter	Enter	Enter	Enter	☐Tuesday	Enter	Enter	Enter	Enter
☐Wednesday	Enter	Enter	Enter	Enter	☐Wednesday	Enter	Enter	Enter	Enter
☐Thursday	Enter	Enter	Enter	Enter	☐Thursday	Enter	Enter	Enter	Enter
☐Friday	Enter	Enter	Enter	Enter	☐Friday	Enter	Enter	Enter	Enter
☐Saturday	Enter	Enter	Enter	Enter	☐Saturday	Enter	Enter	Enter	Enter

Comments

Click or tap here to enter text.

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:	Click or tap here to enter text.	**Date:** Click or tap to enter a date.
Supervisor Signature:	Click or tap here to enter text.	**Date:** Click or tap to enter a date.