

Adjusted Work Arrangement

Complete this form to request a remote work arrangement or variable work schedule, and obtain approval of the Manager or Chair. Department operations, office coverage, and interactions with students, colleagues, and clients will be considered before remote work or variable work schedule requests are approved. Send the signed copy to Human Resources.

Adjusted Work Arrangement - Employee Completes

Name: _____

Job Title: _____

Department: _____

Remote Work or Variable Work Schedule Requested:

Begin Date: _____

End Date: _____

Provide details about how you will complete your work effectively under this requested arrangement:

I have reviewed the Remote Work policy and/or the Variable Work Schedule policy and agree to the terms and conditions. I understand that Wake Forest University has the right to discontinue this agreement at any time.

Signature: _____

Date: _____

Adjusted Work Arrangement - Manager or Chair Completes

Approved _____

Approved with Adjusted Date(s) _____

Begin Date: _____

End Date: _____

Not Approved _____

Comments:

Name: _____

Signature: _____

Date: _____