

## Adjusted Work Arrangement

Complete this form to request a remote work arrangement or variable work schedule, and obtain approval of the Department Leader. 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 - Staff Member Completes

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Remote Work or Variable Work Schedule Requested:

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Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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

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*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 - Department Leader Completes**

Approved \_\_\_\_\_

Approved with Adjusted Date(s) \_\_\_\_\_

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Not Approved \_\_\_\_\_

Comments:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_