

Request for Flexible Work Arrangement

Note: Flexible work arrangement requests will be reviewed and decisions to approve or not approve requests will be based upon university operational needs.

Name: _____

University: _____

Department: _____

Status (FT/PT): _____

Job Title: _____

Employee Group: _____

I am requesting a flexible work arrangement because I am at a higher risk for COVID-19 as defined by the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

Provide medical documentation as applicable.

I am requesting the following flexible work arrangement: (e.g. schedule change, telework, work location adjustment, etc.)

Employee Signature

Date

For Human Resources Only

Date Request Received _____

Date Supporting Documentation Received _____