

Request for Flexible Work Arrangement

This form is intended to document an employee's request for a flexible schedule and/or remote work arrangement. It should be used to initiate a conversation between employee and supervisor to determine if the proposed arrangement addresses the employee's request for flexibility and meets the operational needs of the unit.

EMPLOYEE INFORMATION

Employee Name _____

Employee Title _____

Supervisor _____

DESCRIPTION OF REQUEST

Use this section to describe the requested changes to the work location and/or to the weekly work schedule. Note the anticipated impact on the unit's overall functions and on other FCI staff (both within and outside of the unit). Indicate the requested duration for this arrangement.

I am submitting this request for consideration by my supervisor. I understand that further conversation with my supervisor is required before any flexible work arrangement can be approved. I also understand that a flexible work arrangement can commence only after it is documented in a Flexible Work Agreement and signed by all applicable parties.

EMPLOYEE SIGNATURE

DATE