Name Employee ID

Position Department/campus

Supervisor Date of Request

An alternative work arrangement (i.e., working remotely and/or schedule change) may not be suitable for all positions or individuals. This tool is to be completed by the supervisor and will be used to determine if an alternative work arrangement is a viable option. An alternative work arrangement is a privilege, not a right. The final decision to approve a request will be based on the district’s needs, employee’s performance, and supervisor input. Any alternative work arrangement must be approved by Human Resources.

Proposed alternative work arrangement: ❑ Remote work 󠆶 ❑ Flexible schedule arrangement

Describe the reason for the request:

**Remote Work Request**

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| Remote Work Location: ❑ Employee’s residence ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |
| Contact Phone Number: |
| Description of off-site work area: |
| Identify district-issued technology needed to work remotely (e.g., computer, peripherals, phone, remote‐access capability): |
| Describe how communication with customers, staff, and supervisor will be coordinated or accomplished (e.g., email, voicemail, video conferencing): |

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| --- | --- | --- | --- |
| **Position’s characteristics** | **Yes** | **No** | **Solution (If you answered yes, identify how this will be achieved with the alternative work arrangement)** |
| Core responsibilities require ongoing access to equipment, materials, and files that can only be accessed onsite |  |  |  |
| Core responsibilities require extensive in-person contact with supervisors, other employees, or the public |  |  |  |
| Core responsibilities require in-person meetings or performing work onsite |  |  |  |
| Security issues require core responsibilities be conducted onsite |  |  |  |
| Position is reliant on computer technology to accomplish core responsibilities |  |  |  |
| **Employee’s characteristics** | **Yes** | **No** | **Solution (If you answered yes, identify how this will be achieved with the alternative work arrangement)** |
| Employee needs impromptu in-person collaboration with co-workers |  |  |  |
| Employee requires in-person supervision/direction |  |  |  |
| Employee has strong time management/organization skills |  |  |  |
| Employee is highly disciplined and self-motivated regarding work |  |  |  |
| Employee is new to the position and needs direction or still has a lot of questions |  |  |  |

**Flexible Schedule Request**

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| Identify proposed schedule: |

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| --- | --- | --- | --- |
| **Position’s characteristics** | **Yes** | **No** | **Solution (If you answered yes, identify how this will be achieved with the alternative work arrangement)** |
| The position requires face-to-face interaction with other staff, parents, community |  |  |  |
| Job tasks require the employee to be available during regular business hours |  |  |  |
| Proposed schedule could negatively affect coworkers |  |  |  |
| Proposed schedule could negatively affect the department’s productivity? |  |  |  |
| Proposed schedule could negatively affect customer service |  |  |  |
| Proposed schedule could negatively affect the employee’s communication with either the supervisor or coworkers |  |  |  |
| Proposed schedule could affect the performance of job responsibilities or tasks |  |  |  |
| Proposed schedule could make it more difficult for the supervisor to monitor the employee and their work |  |  |  |

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| **Supervisor Recommendation:**❑ A current job description is attached.❑ The position/employee is suitable for an alternative work arrangement.❑ After reviewing the needs of the department and district, the request cannot be approved. |
| Comments: |

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| **Acknowledgements**This request has been discussed with me by my supervisor.  Employee signature Date Supervisor signature Date |

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| **Human Resources Response**❑ Request for alternative work arrangement is approved. ❑ Job description has been updated to include remote work criteria (attached).❑ Request is denied. Signature Date |