



Name:	Assignment Number:
Type of Work Arrangement:	
Arrangement Start Date:	

Please describe the details of the alternative work arrangement being requested (days, times, etc.):

By signing below, I agree to abide by the terms of the Alternative Work Arrangement policy. I understand that there will be a 90-day trial period during which time the arrangement will be evaluated.

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

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

Approvals:

Manager Signature:	Date:
Chair/Director Signature:	Date:
SAO Signature:	Date:
CBO Signature:	Date: