**APPENDIX B**

Employee Flexible Work Arrangements Request Form

This form should be used to request a flexible work arrangement, including remote work during regularly scheduled working hours, an alternate schedule, or flex time.

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| **Employee Information** |
| Name  |  |  | Position  |
| Department |  |  | Employee ID  |
| Status□ Full-time Staff □ Full-time Faculty □ Part-time Staff□ Adjunct | Campus□ Journal Square □ North Hudson □ Secaucus Center |
| Supervisor’s Name | Supervisor’s Email/Campus Extension |
| Supervising Cabinet Member |  |
| **Describe the nature of the circumstances for your request, including duration or recurrence where applicable. Use additional paper if needed.** |
|  |
| **Describe the alternative working arrangements that you believe would enable you to perform the essential functions of your job, including remote work during regularly scheduled working hours. Use additional paper if needed.** |
|  |
| **Employee Signature** |
| **Supervisor Signature** |
| **Supervising Cabinet Member Signature** |
| **\_\_ Approved** **\_\_ Not Approved** |
| **DATE OF ASSESSMENT (if applicable)**  |