

Alternative Work Arrangement Request Form



Employee Name: _____ Job Title: _____

Start Date for Alternative Work Arrangement: _____

If requesting a temporary alternative work arrangement, please enter end date*: _____

**Following the end of a temporary (longer than 1 mo but less than 1 yr) alternative work arrangement, I will (please choose one):*

Return to my building's operating hours OR Return to my previously approved alternative work schedule

Instructions:

1. Review Alternative Work Arrangement section of the City of De Pere Employee Policy Manual.
2. Fill out all required fields on form.
3. Obtain all required signatures/approval (in the order indicated below).

Arrangement (check all that apply):

- Alternative Work Schedule Request** (employee is working different hours than the operating hours for their location)
 - Supervisor then Department Head approve request
 - Department Head routes copies to Supervisor, Employee & Human Resources
- Formal Remote Work Request**
 - Supervisor then Department Head then Human Resources approve request
 - Human Resources routes copies to Supervisor and Employee

All requests should be submitted electronically to deperehr@deperewi.gov or interoffice to Human Resources.

Alternative Work Schedule and/or Formal Remote Work Request

	Regular Work Hours	Alternative Work Schedule (if applicable)	Check location where work will be performed**	
			Remote	Onsite
Sunday			<input type="checkbox"/>	<input type="checkbox"/>
Monday			<input type="checkbox"/>	<input type="checkbox"/>
Tuesday			<input type="checkbox"/>	<input type="checkbox"/>
Wednesday			<input type="checkbox"/>	<input type="checkbox"/>
Thursday			<input type="checkbox"/>	<input type="checkbox"/>
Friday			<input type="checkbox"/>	<input type="checkbox"/>
Saturday			<input type="checkbox"/>	<input type="checkbox"/>

**If remote work request is for a general request and not specific days, or for partial days, please list your request: (i.e. requesting working remotely for 2-3 days per week or requesting working remotely from 2-5pm every day):

This agreement is made with the understanding that the alternative work arrangement will not adversely affect the work and services provided by the department, or productivity and work quality. The employee remains obligated to comply with all City policies. The employee understands and agrees that they have no right to continue this alternative work arrangement, and the City, at its discretion, may alter or terminate the arrangement at any time.

I have read the policy, understand it, and agree to the conditions in this Alternative Work Arrangement Request Form.

Employee Date

Supervisor Date

Department Head Date

Human Resources Director Date
(for formal remote work request only)

Employer Use Only

____ Your request for an alternative work arrangement is approved.

____ Your request for an alternative work arrangement is denied. Reason: _____

CC: Employee
Supervisor
Human Resources