

Flexible Work Schedule and Remote Work Request Form

Complete this form to request a flexible work schedule or remote work arrangement. You must obtain approval from your supervisor, dean/director, and vice president. Department operations, service expectations, and office coverage will be considered before requests are approved. If you are requesting to work remotely outside of Indiana, additional approvals may be required.

Employee Name: _____

Employee Number: _____

Department: _____

Manager: _____

Effective Dates: _____

Type of Schedule
Requested:

Flexible Schedule Remote Work Fully Remote Other

- **Flexible Schedule.** This option permits variations in an employee's starting and departure times but does not change the total number of hours worked in a week.
- **Remote Work:** This option permits employees to work in an alternate location, outside of the employee's office, with proper approvals.
- **Fully Remote:** This option permits employees to work from an alternate location away from campus.
- **Other:** This option is for approved exceptions to the flexible work or remote work policy.

Schedule of agreement (days, frequency, times, work location, etc.):

Text box

I have read and understand the policies applicable to flexible work schedules and remote work. I agree to comply with all terms and conditions.

[Link to Flexible Work Schedule and Remote Work Policy](#) (*Policy will be linked when form is online.*)

[Link to Multi-State Employer Policy](#) (*Policy will be linked when form is online.*)

Employee Signature

Date

Print Name/Title

Approvals:

Supervisor Signature

Date

Print Name/Title

Division VP Signature

Date

Print Name/Title

HR Review:

Approved? (Circle one):

Yes

No

HR Representative Signature

Date

Print Name/Title

The completed form will be filed with the employee's home department and in the employee's HR file.