## **UNT Alternate Work Schedule Request**

To request an Alternate Work Schedule: Page 1 to be completed by employee. Page 2 to be completed by direct supervisor to finalize the request. All completed forms (APPROVED OR DENIED) must be submitted to Campus HR (<a href="https://example.com/hrs.nch/

All Remote/Hybrid Requests should be submitted online. More information, including how to submit a

request for Hybrid/Remote vvork car	n be found at the EV	A website.			
Employee Name	Employee ID#		-	Job Title	
Employee Status					
Supervisor Name					
Department ID#	Department			Campus	
Alternate Schedule					
Type: Compressed Week (Extending	daily work hours to	complete the	a Standa	ard Work Hours in fewer days)	
Flexible Schedule (Adjusting w department/		nes, outside	the <u>Norr</u>	mal Operating Hours of the	
		Effective St	art/End	Date(s) Proposed:	
Provide a description of the arrangement you are requesting:					
Date of submission to supervisor:					

The next section of this form is to be completed by your direct supervisor.

The proposal is:	
approved	
approved, with supervisor amendments	
not approved	
Final description of the arrangement as amended by the employee:	he supervisor and agreed upon with the
If the employee's proposal is NOT approved, provide t	he reason here:
<ol> <li>The supervisor and employee have completed the Flexib FWA training and other resources can be found on the website.</li> <li>The employee agrees to adhere to applicable guidelines</li> <li>The department concurs with employee participation and policies.</li> <li>A copy of the applicable Flexible Work Arrangement Policidelines have been given to the employee and reviewed.</li> </ol>	and policies. d agrees to adhere to applicable guidelines icy and Flexible Work Arrangement
Agree Do Not Agree	
Employee Signature	Date
Supervisor Signature	Date
Secondary Supervisor Signature	Date
Human Resources Representative	Date