**

**Flexible Work Arrangement Request Form**

*[Company name]*

**Employee information**

|  |  |
| --- | --- |
| **Full name** |  |
| **Job title** |  |
| **Department** |  |
| **Manager’s name** |  |
| **Employee ID** |  |
| **Date of request** |  |

**1. Type of flexible work arrangement requested**

*Select all that apply.*

|  |  |
| --- | --- |
| [ ]  | Remote work (full-time) |
| [ ]  | Remote work (hybrid) |
| [ ]  | Compressed workweek |
| [ ]  | Flexible start/end times |
| [ ]  | Job sharing (specify proposed arrangement with whom): |
| [ ]  | Reduced work hours |
| [ ]  | Other (please describe): |

**2. Proposed work schedule**

Proposed start date of arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed end date (if temporary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work schedule (days and hours, if adjusting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work location (if remote/hybrid): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detailed description of the proposed arrangement:**

*Clearly describe how your work will be accomplished under the proposed flexible arrangement. Include specific days, times, and locations.*

|  |
| --- |
|  |

**3. Reason for request**

*Provide a brief explanation.*

|  |
| --- |
|  |

**4. Potential challenges and mitigation**

*Consider potential challenges, such as communication, collaboration, or technology, and outline how you will mitigate them.*

|  |
| --- |
|  |

**5. Supporting documents (if any)**

|  |  |
| --- | --- |
| [ ]  | Medical certificate |
| [ ]  | Childcare/elderly care documentation |
| [ ]  | Work plan or schedule |
| [ ]  | Other:  |

**6. Confirmation**

I understand that this request is subject to approval and may require adjustments to align with business needs. I agree to adhere to company policies regarding flexible work arrangements.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. For HR/manager use only**

**Manager’s review:**

[ ]  Approved

[ ]  Conditionally approved (with adjustments)

[ ]  Not approved

**Comments/conditions:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR review (if required):**

[ ]  Approved

[ ]  Conditionally approved (with adjustments)

[ ]  Not approved

**HR comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_