



Albert Einstein College of Medicine

Flexible Work Arrangement Request Form

Name: _____		Date: _____	
Position: _____		Campus Address: _____	
Department: _____		Ext.: _____	Email: _____
Supervisor: _____		Ext: _____	Email: _____

1. Flexible Arrangement Requested:

Altered Full-Time Hours:	Reduced Work Hours*:	Alternate Work Site:
Flexible Schedule: _____	80%+ Work Schedule: _____	Telecommuting: _____
Compressed Work Week: _____	Part-Time (with modified benefits): _____	Other (specify): _____
Other (specify): _____	Other (specify): _____	

*Reduced work hours may result in a change in your Einstein Medical Benefits. Contact Human Resources if you have any questions.

2. Current Work Schedule:

M _____ T _____ W _____ T _____ F _____ Sa _____ Su _____

Current Total Hours: _____

3. Specify the schedule change you are requesting:

M _____ T _____ W _____ T _____ F _____ Sa _____ Su _____

Requested Total Hours: _____

4. Indicate your timeline for this Flexible Work Arrangement:

Duration: _____ Begin: _____ End: _____

Trial Period: _____ Begin: _____ End: _____

Periodic Review Dates: _____

5. How would your work be accomplished under this Flexible Work Arrangement?

6. What desired outcomes do you hope to achieve through this Flexible Work Arrangement?

7. What cost-saving value is added to the organization by this Flexible Work Arrangement? (i.e., extended business hours, cross-training, retention of retained employee, etc.)

8. What impact, positive or negative, will your proposed Flexible Work Arrangement have on:

Co-Workers (staffing, scheduling, workload, task accountability):

External/Internal Customers (quality of service, timeliness, communication):

Supervisors (workflow systems, work methods, productivity):

9. In drafting this request, did any of the following assist you in your decision-making progress?

Co-Worker ____ Supervisor ____ Other Department ____ Human Resources ____

10. Other information that may assist us in evaluating this request?

Attach additional information on a separate sheet. Submit request to your supervisor, who should, in turn, submit a copy to the VP of Human Resources and Diversity Officer.

Request Approved _____ Request Declined _____ (If request declined, please specify reasons):

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Vice President or Dean's Signature: _____ Date: _____

HR (date) _____