



**After the employee completes the *Alternate Work Schedule Request Form*, and the request is approved, this form must be utilized to document the Alternate Work Schedule.**

Staff name: \_\_\_\_\_

Position title: \_\_\_\_\_

Program/Business Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current status: Exempt: \_\_\_\_\_ Non-Exempt: \_\_\_\_\_ FTE: \_\_\_\_\_

Please describe the agreed alternate work schedule arrangement:

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

Effective date of agreement: \_\_\_\_\_ Period of agreement: \_\_\_\_\_

**I understand that flexible work arrangements are subject to ongoing review and may be subject to revision or termination at any time based on business needs or performance concerns.**

**I further agree to allow Brandeis University to implement appropriate processes as needed to monitor and/or ensure the arrangement meets appropriate standards of productivity and service.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approver name: \_\_\_\_\_ Title: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_