



CASE WESTERN RESERVE UNIVERSITY

ALTERNATIVE WORK ARRANGEMENT OPTION REQUEST

Requestor completes this section

Employee ID# _____

Employee Name		Dept/Mgmt Ctr
Employee Job Title	<input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt	Employee's Supervisor Name
Date Request Submitted	Employee Work Phone #	Employee Case Email Address

Alternative Work Arrangement Option(s) Requested

<input type="checkbox"/> Flexible Work Week (Flextime) <input type="checkbox"/> Compressed Work Week <input type="checkbox"/> Job Share <input type="checkbox"/> Multiple Concurrent Jobs

Requested Work Schedule (Use for Flextime- Compressed Work Week- Multiple Concurrent Jobs & CASEworks Telecommuting)

Day	Hours (Note Lunch Break)	Location (Case facility or Alternate Work Site)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Weekly Hours		

Respond for ALL Alternative Work Arrangement Options

How will your requested schedule sustain or enhance your department/team ability to get the job completed?

Please identify potential barriers that the req
