FLEXIBLE WORKSITE REQUEST FORM

Per the Flexible Worksite Policy, this form must be completed and submitted to your supervisor as the first step in requesting a Flexible Worksite Arrangement.

Employee Information

Last name:	First Name:	CMU ID #:
Title:	Department:	
Supervisor Name:	Employee Status (circle): Exempt ◉ Non-Exempt ○ If non-exempt, how will you track and document your time?	

Where will the remote work be performed? ■ At employee's home ☐ Other Location

Address:	City:
State:	Zip Code:
Telephone Number: ( )	

Workspace Description Include a brief description of the remote work location including:

- how you will ensure the space is free from nonwork-related interruptions and
- how confidentiality will be maintained if relevant to your position.

If remote work is expected to be completed in more than one location, provide this information for all locations.
Use an additional sheet of paper if needed.

Proposed Flexible Worksite Work Hours

It is anticipated that the vast majority of approved Flexible Worksite arrangements will be a hybrid schedule combining both in-person and remote work as part of the regular schedule. 100% remote work will be approved in only rare situations.

Note the days and hours that you propsose to work remotely. You must be reachable via phone, email, and other expected communication channels within the time periods indicated below.

☐ Sun	Start: _____ am/pm	Stop: _____ am/pm
☐ Mon	Start: _____ am/pm	Stop: _____ am/pm
☐ Tues	Start: _____ am/pm	Stop: _____ am/pm
☐ Wed	Start: _____ am/pm	Stop: _____ am/pm
☐ Thurs	Start: _____ am/pm	Stop: _____ am/pm
☐ Fri	Start: _____ am/pm	Stop: _____ am/pm
☐ Sat	Start: _____ am/pm	Stop: _____ am/pm
Notes:		

Please type your responses to the following questions on a separate sheet of paper and submit to your supervisor with this form.

1. How will you ensure that the needs of your customers will be seamlessly met while you are working under a Flexible Worksite Arrangement?
2. Does your position supervise other individuals? If so, how will you ensure the needs of and communication with your direct reports are maintained?
3. What potential impacts will this Flexible Work Arrangement have on your colleagues?
4. What plans do you have to ensure on-going, consistent communication with your supervisor and other colleagues?
5. What skills do you have that you feel will make this arrangement successful?
6. What advantages will this Flexible Work Arrangement provide for your department?
7. Please confirm that you have stable/reliable internet connectivity.

Employee Signature Date