



Request for Alternate Work Arrangement

Employee Information	
WIN #:	Department:
First Name:	Last Name:
Position :	Supervisor:
Requested arrangement (35 hours per week in 3 or 4 days)	
<i>full-time status*</i>	
<i>Potential impacts on department operations and/or coworkers?</i>	
<i>Please provide any other relevant details related to your request:</i>	
Signature: _____ Date: _____	
Response to be completed by	
: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date:
	Date:

**Supervisors should submit a personnel status change form to the Human Resources office for any employees who are approved to transition to a 9 or 10 month appointment*