

Alternate Work Location Request Pilot Program

Supervisor Information

*Requests must be initiated by the immediate supervisor.

Name Department email address

Employee Information

Employee Name Department email address

Job Title

Proposed Schedule Details

Proposed Duration: _____

Proposed Schedule: Alternate Work Location

Proposed Schedule: Campus

Days	Start Time	End Time	Total Hours	Days	Start Time	End Time	Total Hours
<input type="checkbox"/> Sunday				<input type="checkbox"/> Sunday			
<input type="checkbox"/> Monday				<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday				<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday				<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday				<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday				<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday				<input type="checkbox"/> Saturday			

Considerations

The following factors have been taken into consideration with this proposal. The following pertains:

- 1.) The schedules will enhance the operations of the department. Yes No
- 2.) The position identified for flexible arrangements is conducive to such schedules. Yes No
- 3.) A plan has been developed to monitor the performance of the employee participating in this flexible work arrangement. Yes No
- 4.) The employee has been notified that the department may discontinue, temporarily suspend, or alter the schedule if business needs change, service is impaired or there is a change in law or university policy. Yes No
- 5.) The quantity, quality, and timeliness of the employee's work are anticipated to be enhanced. Yes No
- 6.) The arrangement will not cause need for overtime nor additional staff. Yes No
- 7.) The employee and supervisor have carefully read and understand BU Management Procedure 634 <http://bingdev.binghamton.edu/administration/procedures/600series/634.html> and agree to fully abide by it. Yes No

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A strong justification must be provided on how approval of this request will benefit the operational needs of the University:

The work schedule has been discussed and assessed by the employee's supervisor. Additionally work duties and all related responsibilities regarding the schedule have been discussed with the employee. Either employee or supervisor may elect to terminate this work schedule due to a change in circumstances.

Supervisor Signature

Date

Employee Signature

Date

Required Approval Signatures

This proposal is approved and forwarded.	<input type="checkbox"/> Yes
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	<input type="checkbox"/> No
This proposal is denied at this time.	

Department Head Signature

Date

This proposal is approved and forwarded.	<input type="checkbox"/> Yes
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	<input type="checkbox"/> No
This proposal is denied at this time.	

Vice President/Division Head Signature

Date

This proposal is approved.	<input type="checkbox"/> Yes
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	<input type="checkbox"/> No
This proposal is denied at this time.	

President Signature

Date