

## Flexible Work and Telework Arrangement Request Form

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Manager/Unit/Department Head: \_\_\_\_\_

### **Current Schedule**

#### **Starting/Ending Times:**

Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday  
Sunday

#### **Total Hours:**

### **Proposed Schedule**

#### **Starting/Ending Times:**

Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday  
Sunday

#### **Total Hours:**

All work performed under a Flexible Work or Telework Arrangement is bound by The New School Information Security Guidelines when accessing, processing, storing, or transmitting sensitive information. *(Examples of sensitive information include Social Security Numbers, personally identifiable information, financial information, Protected Health Information, all other university confidential data as well as information protected by FERPA).* See [Information Classification at The New School](#).

I certify that my work can be completed within the schedule set forth above and in the location set forth above with no loss of customer service or security, and with no disruption to others in my department or to the department's operations. I understand that my supervisor or department head may require me at any time for any reason to return to the regular work schedule or regular work location. I agree to do so upon request.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

**For Supervisor and Manager/Unit/Department Head:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Approved with Modifications\* (note below)**

\_\_\_\_\_ **Not Approved**

\* Applicable modifications to requested flexible work arrangement:

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If approved, identify start date for the Flexible or Telework arrangement:

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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Unit/Department Head Signature

\_\_\_\_\_  
Date