



Flexible Work Arrangement Request Form

Employee Name: _____ Position: _____

Department: _____ Date: _____

Requested flexible work arrangement (check box):

☐ Flexible Schedule

☐ Work From Home (Telework)

Provide specific detail of request: _____

Acknowledgement

This request, if approved, is on a trial basis and will remain in effect unless it expires, is modified, or terminated by the Village or the employee. The Village reserves the right to terminate flexible working arrangements at any time due to organizational need, employee performance, or employee non-compliance with the Flexible Workplace Policy.

All of the employee's obligations and responsibilities, and terms and conditions of employment with the Village remain unchanged, except those specifically outlined in this request.

I have read, understand and will comply with the terms of the Flexible Workplace Policy.

Employee Signature

Date

Approval

Department Head Name (Print)

Department Head Signature

Date

Village Manager Signature

Date