

VAN VLECK ISD
ALTERNATIVE WORK ARRANGEMENT REQUEST FORM

Name _____ **Employee ID** _____
Position _____ **Department/campus** _____
Supervisor _____ **Date of Request** _____

An alternative work arrangement (i.e., working remotely and/or schedule change) may not be suitable for all positions or individuals. This tool is to be completed by the supervisor and will be used to determine if an alternative work arrangement is a viable option. An alternative work arrangement is a privilege, not a right. The final decision to approve a request will be based on the district's needs, employee's performance, and supervisor input. Any alternative work arrangement must be approved by Human Resources.

Proposed alternative work arrangement: ☐ Remote work ☐ Flexible schedule arrangement

Describe the reason for the request:

Remote Work Request

Remote Work Location: <input type="checkbox"/> Employee's residence <input type="checkbox"/> Other: _____
Address:
Contact Phone Number:
Description of off-site work area:
Identify district-issued technology needed to work remotely (e.g., computer, peripherals, phone, remote-access capability):
Describe how communication with customers, staff, and supervisor will be coordinated or accomplished (e.g., email, voicemail, video conferencing):

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Position's characteristics	Yes	No	Solution (If you answered yes, identify how this will be achieved with the alternative work arrangement)
Core responsibilities require ongoing access to equipment, materials, and files that can only be accessed onsite			
Core responsibilities require extensive in-person contact with supervisors, other employees, or the public			
Core responsibilities require in-person meetings or performing work onsite			
Security issues require core responsibilities be conducted onsite			
Position is reliant on computer technology to accomplish core responsibilities			
Employee's characteristics	Yes	No	Solution (If you answered yes, identify how this will be achieved with the alternative work arrangement)
Employee needs impromptu in-person collaboration with co-workers			
Employee requires in-person supervision/direction			
Employee has strong time management/organization skills			
Employee is highly disciplined and self-motivated regarding work			
Employee is new to the position and needs direction or still has a lot of questions			

Flexible Schedule Request

Identify proposed schedule:

Position's characteristics	Yes	No	Solution (If you answered yes, identify how this will be achieved with the alternative work arrangement)
The position requires face-to-face interaction with other staff, parents, community			
Job tasks require the employee to be available during regular business hours			
Proposed schedule could negatively affect coworkers			
Proposed schedule could negatively affect the department's productivity?			

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Proposed schedule could negatively affect customer service			
Proposed schedule could negatively affect the employee's communication with either the supervisor or coworkers			
Proposed schedule could affect the performance of job responsibilities or tasks			
Proposed schedule could make it more difficult for the supervisor to monitor the employee and their work			

Supervisor Recommendation:

- ☐ A current job description is attached.
- ☐ The position/employee is suitable for an alternative work arrangement.
- ☐ After reviewing the needs of the department and district, the request cannot be approved.

Comments:

Acknowledgements

This request has been discussed with me by my supervisor.

Employee signature

Date

Supervisor signature

Date

Human Resources Response

- ☐ Request for alternative work arrangement is approved.
- ☐ Job description has been updated to include remote work criteria (attached).
- ☐ Request is denied.

Signature

Date