

Flexible Work Arrangement Request Form

Date you are requesting permission to begin flexible work arrangement: _____

Date you are anticipating flexible work arrangement will end or date six months from commencement date (whichever is sooner): _____ Not required for A. Flex Time Option One requests.

SUPERVISOR CHECKS OFF DECISION AND MAKES NOTES BELOW

Approved

If approved, what is the approved start date of flex arrangement? _____

What is the approved expiration or renewal date of flex arrangement? _____
No expiration or renewal date needed for A. Flex Time Option One requests.

Not Approved

Notes (including any changes to original request and/or reasons for exceptions to guidelines or for not approving request). By signing this request, the supervisor is also acknowledging that s/he has read the school's guidelines and FAQ's (available at www.stern.nyu.edu/hr/current) related to Flexible Work Arrangements before making her/his approval decision on this request.

Supervisor's Signature and Date

HR Officer's Signature and Date