Roger Williams University

PSSA ALTERNATIVE WORK ARRANGEMENT REQUEST FORM

Requestor completes this section

Employee Name		Department
Employee Job Title		Employee's Supervisor Name
Date Request Submitted	Employee Work Phone #	Email Address

Requested Remote Work Schedule

Day	Hours (Note Lunch Break)	Location: RWU Office or Alternate Work Site
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Weekly Hours		

Employee Signature _____ Date _____

Please specify the reason(s) for the request and the off-site location at which the remote work will be performed.

_____

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APPROVAL PROCESS

Supervisor	☐ **Request Approved**	☐ **Request Denied**	**Date**
Signature:			

For remote work only

Department Head / VP	☐ **Request Approved**	☐ **Request Denied**	**Date**
Signature:			

If request is denied, please provide details.

If request is approved.

Effective date of Alternative Work Arrangement_____Ending Date _____
(If option is time limited)

If applicable, date remote work agreement signed: _____