

Alternative Work Arrangement

To be completed by employee:

Name: _____ Date Submitted: _____

Department: _____ Division: _____

Title: _____ Building Location: _____

Current Status: Full-Time or Part-Time Hourly or Salaried

Requested Start Date: _____ Proposed End Date: _____
(if any)

Supervisor's Name: _____

Type of alternative work:

- Compressed work schedule Reduced hours/FTE [△]
- Flexible start and end time around core hours Job-sharing [△] *
- Reduced hours/FTE [△] Remote or Hybrid Work ^{**}
- Other [#]

[△] Reducing hours requires a payroll authorization form.

* Job-sharing arrangement requests should indicate who your job-share partner will be and should be submitted by both job-share partners on one form.

** Employee & Supervisor must also complete the [Hybrid/Remote Agreement](#) (requires Dartmouth Single Sign-on)

If other, please attach a detailed description.

Current and Proposed Work Schedule

(Please indicate location if not a Dartmouth workplace.)

Current Work Schedule

Hours per week: _____ or FTE %: _____

Proposed Work Schedule

Hours per week: _____ or FTE %: _____

	Start Time - End Time	Total Hours	Location		Start Time - End Time	Total Hours	Location
Sunday				Sunday			
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			

Employee's Supporting Information:

On a separate attachment, please answer the following questions and attach them to this agreement. Be as specific as possible. Please review the [Flexible Work Policy](#) and [Flexible Work website](#) for additional information and guidance.

1. Describe how you will accomplish your work under the requested arrangement.
2. Describe the impact your requested alternative work arrangement will have on the following groups: co-workers, supervisors, supervisees, clients, students, your department or office, and Dartmouth College.
3. Describe the solutions you propose to overcome any challenges presented by this arrangement.
4. Describe how regular communication will be addressed and handled.
5. Describe how and when your work and performance will be assessed. (The arrangement should support all goals and objectives you have set for the year.)
6. What positive outcomes do you anticipate as a result of this arrangement? When answering, focus on workplace specific outcomes (such as your ability to perform your work).

Employee Acknowledgement:

- I understand that my failure to adhere to the expectations set by my supervisor may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal of the opportunity to continue this arrangement.
- Alternative work arrangements are subject to ongoing review and may be subject to modifications or termination at any time based upon performance concerns or business needs. The first review will be performed within 90 days of effective date of this agreement, and either Dartmouth or the employee can request a modification to or review of Employee's work schedule at any time.
- This agreement does not guarantee Employee employment with Dartmouth for a fixed or indefinite term.
- Generally, the supervisor or the employee should give at least 30 days prior notice of ending or adjusting an arrangement, business needs permitting. In some instances, a resumption of the original schedule may no longer be possible, and alternatives should be identified

Employee signature

Date

Supervisor and Dept. Head/Divisional Leader Approval

This request has been reviewed and approved by the following:

Employee signature

Date

Supervisor signature

Date

Dept. Head/Divisional Leadership Approval (if required)

Date

- Once completed, the employee and their supervisor should receive a copy of the signed document.
- Additionally, supervisor should send a copy of the signed and completed agreement to Human.Resources@dartmouth.edu for inclusion in the employee's official personnel record.