

# Alternative Work Arrangement Request Form

## To be completed by employee:

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Title: \_\_\_\_\_ Building Location: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Proposed End Date: \_\_\_\_\_

**Type of alternative work arrangement being proposed:**

- Compressed work schedule
- Varied start and end time around core hours  Job-sharing<sup>△\*</sup>
- Reduced hours/FTE <sup>△</sup>  Remote Work<sup>\*\*</sup>
- Other #

<sup>△</sup> 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.

\*\* Additional forms are required.

# If other, please attach a detailed description.

## CURRENT AND PROPOSED WORK SCHEDULE

(Please indicate location if it is not a Dartmouth workplace.)

### Current Work Schedule

### Proposed Work Schedule

Hours per week: \_\_\_\_\_ or FTE %: \_\_\_\_\_

Hours per week: \_\_\_\_\_ or FTE %: \_\_\_\_\_

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

**On a separate attachment, please answer the following questions. Please be as specific as possible.**

1. Describe the business rationale associated with your requested alternative work arrangement.
2. Describe how you will accomplish your work under the requested arrangement. Be specific.
3. 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.
4. Describe the solutions you propose to overcome any challenges presented by this arrangement.
5. Describe how regular communication will be addressed and handled.
6. 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.)

Please review the [Alternative Work Arrangements Guide](#) for additional information and guidance on requesting an alternative work arrangement.

**All employees requesting a remote work arrangement must also complete and submit the Remote Work section that can be found at the end of this request form. All remote work arrangements when an employee is regularly working in a non-Dartmouth workspace must receive prior review from the Office of Human Resources.**

**I understand that Dartmouth College is not obligated to approve a request for an alternative work arrangement for any employee. The decision is at the discretion of my supervisor. 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. 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

**To be completed by supervisor:**

Request approved, with or without modification

Request denied

If request is approved, please attach a description of the specific terms and conditions of the arrangement. If request is denied, please attach an explanation indicating your reasoning.

A copy of the request forms and required attachments should be given to the employee and the original should be kept in the supervisor's file.

Arrangement will be reviewed on: \_\_\_\_\_ and at regular intervals thereafter as determined by the department and/or supervisor.

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Head/Divisional Leadership Approval (if required)

\_\_\_\_\_  
Date

## Remote Work: Supplement to Alternative Work Arrangement Request

*\*The final remote work arrangement agreement may be adjusted to reflect specific arrangements and circumstances and should be reviewed with your supervisor and/or your HR Consultant to make any necessary changes.*

**As part of my remote work request, I understand and agree to the following:**

- I will maintain a safe workspace by following the *Suitable Workspace Checklist* and I will hold Dartmouth harmless for injury to others at my alternative work site or to myself outside of work hours.
- I will provide a secure location for college-owned equipment and materials.
- I will abide by Dartmouth's [Electronic Communications Policy](#).
- I am responsible for remote work expenses and equipment. In most cases, Dartmouth will not provide additional technology or pay for any technology costs for remote workers (e.g. printers, internet costs).
- Dartmouth retains the right to periodically review and/or modify the agreement on a temporary or permanent basis as a result of operational needs or as a result of an employee request supported by the supervisor.
- I have made appropriate arrangements to allow me to be productive in my remote workspace (e.g. childcare, eldercare, etc.).
- I may be required to be physically present in the office with reasonable notice according to business needs.
- I have read and completed the *Alternative Work Arrangement Request Form*, in addition to this form.

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Employee Signature

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Date

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Supervisor Signature

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Date

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Dept. Head/Divisional Leadership Approval (if required)

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Date

## Remote Work: Suitable Workspace Checklist

Alternative worksites may be subject to review by Dartmouth to ensure the space is suitable and effective as a work place.

### *Safety*

- Remote worker has a clearly defined workspace that is kept clean and orderly.
- Exits are free of obstructions.
- The area is well ventilated and heated.
- Storage is organized to minimize risks of fire. Defects/debris are promptly addressed to minimize the risk of trip/fall.
- All extension cords have grounding conductors and are UL approved.
- Surge protectors are used for computers, fax machines, and printers and are UL approved.
- Computer components are kept out of direct sunlight and away from heaters.
- Supplies and equipment are in good condition.
- Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
- Lighting levels are adequate for reading and maintaining productivity.

### *Emergency*

- Emergency phone numbers are posted at alternative worksite.
- A first aid kit is easily accessible and serviced as needed.
- Portable fire extinguishers are easily accessible and serviced as needed.

### *Ergonomics*

- Desk, chair, computer, and other equipment are of appropriate design and arranged to eliminate strain on all parts of the body. See [Office Ergonomics Resources](#) for guidance. Specific requests are based on the discretion of the supervisor and the availability of departmental funds.

### *Other*

- Space is free from outside distraction or personal distraction that may inhibit effective work.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_