



Appalachian State University

Boone, North Carolina

Employee Request for Alternative Work Schedule

This form will be superseded by an updated version compliant with the new UNC Regulation on Flexible Work Arrangements and Remote Work during the summer of 2021. Any agreements granted using the current form will be subject to resubmission and approval under the conditions of the regulation and related campus policy under development . The current form should not be utilized for agreements extending beyond the start of Fall 2021 Semester.

EMPLOYEE SECTION

Employee's Name _____

Department _____ Telephone _____

Immediate Supervisor Name _____

Current Work Schedule _____

Requested Work Schedule: _____

Reason for Requested Change:

Effective Date Desire From _____ To _____

Employee's Signature

Date

Appalachian State University

Boone, North Carolina

Employee Request for Alternative Work Schedule

IMMEDIATE SUPERVISOR SECTION

- Based on current departmental needs, I recommend approval of this request.
- Based on current departmental needs, I recommend denial of this request.

Immediate Supervisor Signature

Date

Reason for Denial:

DEPARTMENT HEAD SECTION

- Based on current departmental needs, I recommend approval of this request.
- Based on current departmental needs, I recommend denial of this request.

Department Head Signature

Date

Please retain one copy for department; return one copy to Human Resource Services.