

Sample Workflex Proposal Form

Employee Name: _____

Job Title: _____

Department: _____

Contact Information

Email: _____

Phone number: _____

Type of flexible work option being requested:

Current work schedule:

Work plan for how to accomplish current duties:

Advantage to the Department:

Impact on co-workers and internal/external customers:

Plan for Communication/Cooperation:

Plan for Continuity:

Proposed Start Date:

Proposed new work schedule:

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Supervisor's Name:

Job Title:

Department:

Contact Information

Email _____ Phone number: _____

This arrangement will be reviewed periodically as jointly discussed by the Supervisor and Employee.

Date for next review: