



)OH[LEOH ZRUNLQJ DUUDQJHPPHQW 5HTXHVV)RUP

This side is to be filled out by the EMPLOYEE requesting a flexible working arrangement:

1DPH

'DWH

'HSDUWPHQW

3RVLWLRQ

&855(17FKHGXZRUUDQJHPPHQW

352326('IOH[LEOH ZRUNLQJ DUUDQJHPPHQW

(QG 'DWH

3OH DVH DQVZOH RTZLQJWLLOR QH VSRQFHWRIRUP 6HH
)OH[LEOH ZRUNLQJHPPHQW 5HTXHVV)RUP

+RZ ZLOO \RX DFFRPSOLVK \RXU MRE XQGHU WKLV DUUDQJHPPHQW"

+RZ ZLOO \RX DGGUHV DQ\ FKDOOHQJHV"

+RZ ZLOO FOEHKDWGOHHG \RXU DEVHQFH LI DSSOLFDEOH"

+RZ ZLOO UHJXODU FRPPXQLFDWLRQV EH KDQGOHG"

:KDW LV \RXU UHDEVROXU RYHU 5HTXHVV DUUDQJHPPHQW" >RSWLRQDO

The form is Q R W intended for a health-related disability-related workplace arrangement. If ended arranged 550.7end.50

)OH[LEOH 6FKHGXOH 5HTXHVV 4XHVWLRQ 5HVSRQVH

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This section is to be filled out by the H P S O R \ SUPERVISOR:

Supervisors will carefully review each request L Q D F F R U G D Q F H Z L W K W K H F X U U H Q W & P
\$ J U H H P H Q W R U (P S O R \ H H + D Q G E R R N 7 K A C A S E - B Y - C A S E B A S I S / B A L A N C I N G H Y D O X D
the needs of the individual with those of the department.