

## Flexible Work Arrangement Request – Flex Hours

### Employee Information

Name: \_\_\_\_\_

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

Office Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Supervisor Information

Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Timeframe for Requested Work Flex Arrangement

Beginning: \_\_\_\_\_ Ending (can note n/a if continuous): \_\_\_\_\_

<u>Schedule:</u>	<u>Scheduled Time in Office/Worked</u>		<u>Total Hours</u>	
	from	to	from	to
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours In Office/Worked Each Week				<input type="text"/>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature:  
(indicates approval) \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to Law HR ([LawHR@nyu.edu](mailto:LawHR@nyu.edu)).

***Note: All flexible work arrangements are revocable at any time.***