

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): _____

Schedule:

	<u>Scheduled Time in Office/Worked</u>				<u>Total Hours</u>
	from	to	from	to	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Hours In Office/Worked Each Week					

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____
 (indicates approval)

Submit completed form to Law HR (LawHR@nyu.edu).

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