

FLEXIBLE WORK OPTIONS REQUEST FORM

ACTION REQUESTED: New Change Cancellation Temporary NTE Date: _____

EMPLOYEE INFORMATION AND CERTIFICATION

1. **EMPLOYEE NAME:** _____

2. **JOB TITLE (Series/Grade):** _____

3. **OFFICE (Division/Branch/Section/Unit):** _____

4. **DUTY STATION:** _____

5. **IMMEDIATE SUPERVISOR'S NAME:** _____

TYPE OF FLEXIBLE WORK OPTION(S) REQUESTED:

Flexible Work Schedule Part-time Schedule Job Sharing Compressed Work Schedule (CWS)

Proposed Work Schedule: _____

Benefits of proposed
schedule change: _____

Potential problems /
suggested solutions of
proposed schedule change: _____

Describe any equipment/
expense your arrangement
might require: _____

CERTIFICATION: The employee agrees to comply with all applicable Component, DOJ, and Federal regulations, policies, and requirements. Regardless of the trial and evaluation periods, if at any time this work option no longer serves the employee's purposes or the needs of the Agency, the work option may be discontinued by the employee or the Agency. The attached forms define the terms of the employee's flexible work option until that option is either modified in a written document signed by both parties, or is terminated by either party.

6. **EMPLOYEE'S SIGNATURE:** _____

7. **DATE:** _____

IMMEDIATE SUPERVISOR'S RECOMMENDATION

The employee and the supervisor have discussed this flexible work option request. At this time, the flexible work option request is:

- Recommended for approval
- Recommended for approval with modification (please describe): _____
- Recommended for disapproval (state reason): _____

8. **SUPERVISOR'S SIGNATURE:** _____

9. **DATE:** _____

APPROVING OFFICIAL'S DECISION

Level of approval will be consistent with Agency policy and procedures.

APPROVE

DISAPPROVE

10. **APPROVING OFFICIAL'S SIGNATURE AND TITLE:** _____

11. **DATE:** _____