

Alternative Work Schedule Request Form

Section 1 - To be completed by employee:

Name: _____

Job Title: _____

Division/Department: _____

Current work schedule:

Days of week _____ Shift start/end: _____

Primary duties:

Description of alternative arrangement being requested. Be as specific and detailed as possible:

Duration of requested alternative work arrangement:

Describe the nature and extent of personal contacts required by your position (work independently, as part of a team/crew, serve public in person or remotely?) and how the requested work arrangement will affect these responsibilities.

How will the requested arrangement impact your ability to perform any job duties, your co-workers, or service to customers (internal or external)?

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For telework arrangements only:

Is your primary residence within the city of Toledo? _____

If your remote location is different than your primary residence, is your remote location within the city of Toledo? _____

Will there be a child or other dependent present during some or all of your telework arrangement?

Yes No

If yes, do you acknowledge that you have read and understood the policy regarding dependents as outlined in section II, B, 5, c of the policy?

Yes No

I acknowledge the following:

- I have answered the above questions truthfully and honestly to the best of my ability. I understand that if the information I have provided is false or misleading, I may be subject to revocation of my alternative work schedule, a denial or any future alternative work schedule and/or disciplinary action up to and including termination of my employment.
- I understand the terms and conditions of any alternative work schedule approved, and agree to comply with the requirements outlined in Administrative Policy and Procedure #67 "Alternative Work Schedule."
- The City reserves the right to cancel an alternative work arrangement authorization at any time or to temporarily modify it, including on short notice, to accommodate division staffing needs or for any reason approved by the Department Director and the Department of Human Resources.

Signature: _____

Date: _____

Forward to Division Head for completion of Section 2.

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Section 2 - To be completed by Division Head:

Has the employee exhibited a satisfactory attendance record?

Yes No

If the request proposal would be approved, describe the impact of the requested alternative work arrangement on the following:

Division operations and/or staff:

Employee's ability to perform required duties:

Employee's ability to maintain necessary communication including participation in workplace meetings:

Safety, customer service, building/materials/equipment access or other concerns:

How will you monitor productivity and performance under the requested alternative arrangement?

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It is expected that employees authorized to work remotely or outside of "normal" work hours (all or part of the time), have demonstrated through past performance that they can work independently without direct supervision, are self-directed and reliable in carrying out their duties and responsibilities, meet timelines consistently, are reliable concerning work hours and attendance, and communicate effectively.

Does the employee's past performance demonstrate their ability to perform successfully under an alternative work arrangement? Yes No

Has the employee consistently met daily production expectations and/or work deadlines? Yes No

Has the work produced by the employee met quality requirements in work product?

Yes No

For telework arrangements only, will the employee be a regular user of remote work information and communication technology or will their use of this technology be for emergencies only?

Regular User Emergencies Only

Comments on any items above:

Do you recommend that the employee's request for an alternative work arrangement be granted? Yes No

If no, provide reason:

Do you recommend that the alternative work arrangement be granted as requested or as described below?

I recommend approval as requested.
 I recommend approval of the following alternative work arrangement:

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Work arrangement to be reviewed/re-evaluated no later than:

_____ (date)

Completed by: _____

Date: _____

Authorization:

Division Head: _____

Department Director: _____

Human Resources: _____