

Summer Flex Work Request Form

EMPLOYEE DATA

Employee Name:

Position Title:

Supervisor Name:

Department:

FLEX WORK REQUEST

As a reminder, lengths of requests must end on Saturday, August 10th, 2024 at the latest.

Proposed Start Date of Request:

Proposed End Date of Request:

Please check any box associated with the request you'd like to make. You may select more than one. Complete any additional information requested with the appropriate request option.

- Shifting Work Hours outside of standard schedule
- Four 10-Hour Work Days

Please fill in your standard Work Schedule (Ex. M-F 8 - 4:30, Tu-Sa 2:30 - 11, M-F 3 - 11, etc.):

Please fill in the day/hours you intend to request to work:

- Alternative Work Site

Address of Alternative Work Site requested (Street, City, State, Zip):

Please specify the days/schedule you are requesting to work from your alternative work site. Please include any additional details required if your requested remote work days are not fixed. (For example, you may have a regular day you'll always be in, but may be in other days for a specific business need that is irregular):

IMSA RESOURCES

Please specify any IMSA property that will be used at the remote work site, including any relevant details such as bar codes/brands, etc:

ACCOUNTABILITY

Please summarize how your supervisor will measure your success during use of your alternative work arrangement. Please include a brief 1-2 sentence summary of the employee's responsibilities, along with how their performance in those responsibilities is generally measured. (This section is to be completed in partnership with supervisor):

ACKNOWLEDGEMENT

EMPLOYEE

I have read through the Flex Work Pilot Program expectations and understand that any options presented in this application are not an entitlement and that it is not appropriate for every employee. I understand that Flex Work options can be terminated at any time by my supervisor or the Illinois Mathematics and Science Academy or by me if such change does not interfere with providing efficient and effective services to our multiple constituencies.

Employee Signature:

Date:

SUPERVISOR

I have discussed Flex Work options with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in their current position, and I recommend approval of this request.

Supervisor Signature:

Date:

**PLEASE FORWARD THIS FORM TO HUMAN RESOURCES
AT HR@IMSA.EDU**