

# Flex Work Request Form

## EMPLOYEE DATA

Employee Name:

Position Title:

Supervisor Name:

Department:

## FLEX WORK REQUEST

As a reminder, requests must start on Tuesday September 5, 2023 at the earliest. You have the option to set an end date for your request or propose no end date, in which case leave it blank.

Proposed Start Date of Request:

Proposed End Date of Request:

This application is solely for the use of utilizing an alternative work site. Please answer the following two questions as they relate to your request to work from an alternative work site.

What is the address of the alternative work site you are requesting to work from? (Street, City)

What days/schedule are you 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 procedures and 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:

### **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:

### **CABINET**

I approve this request with final sign off.

Cabinet Signature:

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