Telecommuting/ Flexible Schedule Request Form

Employee’s Information

Name: ___________________________________________
Title: ___________________________________________
Department: ______________________________________
Supervisor: ______________________________________

Please select the appropriate request option:

Request for: A. Telecommuting _____ B. Flexible Schedule _____ C. Hybrid (A&B) _____

Requested Start Date: ____________________________ Requested End: ____________________________

A. Telecommuting

The College may permit an employee to work at home or at an alternate CUNY location for all or part of their regular work week. This type of alternative work arrangement is known as “telecommuting” or “teleworking” and may not be appropriate for all positions or employees. The supervisor will determine if the individual’s essential functions can be effectively performed remotely or could be temporarily modified for the duration of the requested timeframe. Access to necessary hardware and systems is also a factor in determining if a remote arrangement can be granted, and supervisors should consult with IT and as applicable with HR.

Please note that employees are not allowed to work more than 35 or 40 hours per week depending on their title. Additionally, employees are expected to take a ½ hour of lunch after working 5 or more hours.

To be completed by employee in consultation with supervisor

1. Do you have the work space to complete your assigned work when you are telecommuting?

2. Do you have the necessary equipment (e.g., computer equipment, telephone, and web access) to complete your assigned work when you are telecommuting?
To be completed by supervisor

1. Please describe the employee’s telecommuting proposed work assignment(s), projects, etc.

2. Please indicate the employee’s performance expectation during the telecommuting period. The performance expectations should be sufficiently detailed and measurable.

B. Flexible Schedule

Flexible hours involve modifying starting and ending time of regular daily hours, while a condensed work week involves working the same number of hours per work week or per pay period as required, but in fewer days, similar to what is implemented during the summer. Please note that employees are not allowed to work more than 35 or 40 hours per week depending on their title. Additionally, employees are expected to take a ½ hour of lunch after 5 or more hours of working.

Framework for Flexible Work Arrangements

• Schedule start times must be between 7am-10am
• Schedule end times must be between 3pm-7pm
• Condensed work week (35-hour week over a minimum of 4 days, with varying day off)
• Establishment of minimum on premise staffing requirement by department/area

Please indicate the proposed flexible schedule below:

<table>
<thead>
<tr>
<th>Days:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Start Time:</td>
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<td>End Time:</td>
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</table>
Telecommuting/ Flexible Schedule Arrangements:

Please be advised that telecommuting and flexible schedule arrangements are not entitlements and may not work for every employee.

By your signature below, you attest to the following:

- I have discussed the telecommuting/flexible schedule arrangements with my supervisor and understand that my application does not guarantee that my request may be granted.
- If approved, I understand that the telecommuting/flexible schedule arrangements will be reviewed on a weekly basis and can be terminated at any time by my Supervisor/ Dean/Vice President/ Human Resources or me.

Applicant’s Signature __________________________________________ Date __________________________

Supervisor

I have discussed the possibility of telecommuting/flexible schedule with the above-mentioned employee.

___ I believe this employee is a good candidate for a telecommuting and/or flexible schedule arrangement.
___ I do not believe this employee is a good candidate for a telecommuting and/or flexible schedule arrangement for the reasons indicated below.

Reason(s) for Denial:

Supervisor’s Signature __________________________________________ Date __________________________

Dean/Vice President

___ Approved ___ Not Approved

Print Name: ______________________________________________________

Signature: __________________________________________________________ Date: __________________

Human Resources:

Reviewed by: ______________________________________________________

Signature: __________________________________________

Date: __________________