



BROWN

Alternative Work Arrangements (AWA)

Request Form

HUMAN RESOURCES DEPARTMENT

Box 1879

Providence, RI 02912

Phone: 401 863-1082 Fax: 401 863-9329

www.brown.edu/Adminstration/Human_Resources/

To: _____
(SUPERVISOR'S NAME)

From: _____
(EMPLOYEE'S NAME)

Date: _____

I am writing to request an AWA as follows:

Flexible Schedule (Please describe)

Compressed Work Week (Please describe)

Job Sharing (Please describe)

Other Special Arrangements (Please describe)

Proposed Start Date: _____

Reason for the Request: _____

Employee's signature: _____ Date: _____



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This section is to be completed by the supervisor and Human Resources, and returned to the employee.

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Request:

* Approved as requested.

* Approved with the following modification(s):

Declined for the following reason(s):

Supervisor's signature: _____ Date: _____

* I understand that:

Based on a review of suitable considerations outlined in Brown's AWA Policy, we have concluded that an Alternative Work Arrangement is appropriate under the circumstances.

A 90 day trial period will commence, beginning on the start date shown, and an interim review will be held approximately every 30 days.

Human Resources signature: _____ Date: _____

Please submit completed form to the Human Resources Department or BioMed HR as appropriate.

Alternative Work Arrangements cannot begin until the signed Request Form is on file with Human Resources or BioMed HR.