Alternative Work Arrangements (AWA)

Employee Request Form

Employee Name: ______________________________________________

Employee Title: ______________________________________________

Department: _________________________________________________

Supervisor Name: _____________________________________________

Proposed Start Date: _____ through ________.

A new AWA Agreement is required each fiscal year.

I am writing to request an AWA as follows:

☐ Modified Schedule (Please outline schedule)

____________________________________________________________________

____________________________________________________________________

☐ Compressed Work Week (Please outline schedule)

____________________________________________________________________

____________________________________________________________________

☐ Other Special Arrangements (Please detail the arrangement)

____________________________________________________________________

____________________________________________________________________

Proposed Start Date: _____________________________________________

Reason for the Request: ___________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Employee’s signature: __________________________ Date: ________
Alternative Work Arrangements (AWA)

Authorization

This section must be approved by the supervisor, HR Business Partner and Human Resources (UHR or BioMed HR) before the AWA can commence.

Request:

☐ * Approved as requested, with end date of ____________.

☐ * Approved with the following modification(s):

________________________________________________________________________

________________________________________________________________________

☐ Declined for the following reason(s):

________________________________________________________________________

________________________________________________________________________

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 30-day trial period will commence, beginning on the start date shown. This Agreement must be approved in writing each fiscal year that an employee’s work schedule will vary from the department’s standard.

Supervisor’s signature: ___________________________ Date: _________

HR Business Partner’s signature: ______________________ Date: _________

BioMed HR signature (if required): ___________________ Date: _________

University Human Resources: ________________________ Date: _________