Alternative Work Arrangements (AWA)

Request Form

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.

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.