



**Flexible Work Arrangements Policy – HR 34.0**  
Addendum B- Request for Alternate Work Arrangement  
Department of Human Resources

Employee Name:

Supervisor:

Requested Flexible Work Arrangement (please see Policy Text for definitions):

Flextime

Compressed Work Week

Telework

Reduced Workload

Rationale (to be completed by the Employee):

Conditions of Approval (to be completed by the Supervisor):

Review of Occupational Health & Safety Standards completed

Date of OH&S Inspection

Employee Signature

Supervisor Approval

VP Approval

Date of Approval

Date of Review