

CLASSIFIED EMPLOYEE REQUEST FOR HYBRID WORK

Name:								
Job Title	:							
Departm	ent:							
Supervis	or:							
Date of F	Request:							
If you a	re reques	ting this as	part of an acc	ommodat	ion or medical le	ave, please	contact our	
	В	Benefits Ana	ılvst. Alma Ar	riaga befo	re submitting th	is form.		
			,		g			
□ In	accordanc	e with Article	e 27, I am requ	esting hybr	rid schedule to wor	rk remotely fo	or <u>no more</u>	
th	nan 40% of	my assigned	work week. (i.	e. 40 hour v	work week, 16 hou	ırs telework)		
51			.,					
Please us	e the table	below to sp	ecify your <u>hyb</u>	<u>rid</u> schedul	e:			
			Hybrid W	ork Sched	ule			
	Wo	orkday	Meal F	Period	Location(s)	Total	Additional	
	Ctout	End		Final		Daily	Information	
Day of Week	Start Time	Time	Start Time	End Time		Hybrid Hours		
Sunday	Tillic	Time	Otart Time	Tillio		Hours		
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Effective	Start Date:							
Lifective	start Date.							
Effective I	End Date: _			_				
Employee	Signature				Supervisor S	Supervisor Signature		
					□ Appr	oved by Supe	ruicor	
						☐ Approved by Supervisor		
						ed by Supervi	sor	
					Reason for de	enial:		



CLASSIFIED EMPLOYEE REQUEST FOR HYBRID WORK

☐ In accordance with Article 27, I am requesting full remote work schedule to work remotely for **more** than 40% of my assigned work week. (i.e. 40 hour work week, 30 hours telework)

Please use the table below to specify your remote schedule:

Remote Work Schedule							
	Workday		Meal Period		Location(s)	Total	Additional
Day of Week	Start Time	End Time	Start Time	End Time		Daily Hybrid Hours	Information
Sunday	111110	111110	Otart Timo	1 11110		110010	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

nformation regarding request for full remote wo	
Effective Start Date:	
Effective End Date:	
Employee Signature	
Supervisor Signature	Vice President of Human Resources Signatu
☐ Approved by Supervisor	☐ Approved by VP of HR
☐ Denied by Supervisor	☐ Denied by VP HR
If denied, reason for denial:	If denied, reason for denial:

If requested schedule is not approved by supervisor, please forward form to the Vice President of Human Resources and CSEA President for further review.