FLEXIBLE WORK OPTIONS REQUEST FORM			
ACTION REQUESTED:	New Change Car	ncellation Tempora	ry NTE Date:
EMPLOYEE INFORMATION AND CERTIFICATION			
1. EMPLOYEE NAME:			
2. JOB TITLE (Series/Grade):			
3. OFFICE (Division/Branch/So	ection/Unit):		
4. DUTY STATION:			
5. IMMEDIATE SUPERVISOR'S NAME:			
TYPE OF FLEXIBLE WORK O	PTION(S) REQUESTED:		
Flexible Work Schedule	Part-time Schedule	☐ Job Sharing	Compressed Work Schedule (CWS)
Proposed Work Schedule:			
Benefits of proposed schedule change:			
Potential problems / suggested solutions of proposed schedule change:			
Describe any equipment/ expense your arrangement might require:			
of the trial and evaluation periods, i may be discontinued by the employ	if at any time this work option no longe	r serves the employee's p define the terms of the e	I regulations, policies, and requirements. Regardless urposes or the needs of the Agency, the work option mployee's flexible work option until that option is
6. EMPLOYEE'S SIGNATURE:		7.	DATE:
	IMMEDIATE SUPERVIS	OR'S RECOMMEN	DATION
Recommended for approv	val with modification (please descril		s time, the flexible work option request is:
8. SUPERVISOR'S SIGNATURE:		9.	DATE:
APPROVING OFFICIAL'S DECISION Level of approval will be consistent with Agency policy and procedures.			
	APPROVE		DISAPPROVE
10. APPROVING OFFICIAL'S SIG		11	. DATE: