



## DEPARTMENT OF EMPLOYEE RELATIONS

Issue Date: May 27, 2021

### Alternative Work Arrangement (AWA) Request Form

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_

Employees who would like to work in an AWA are required to complete this request form and submit it to their supervisor. The supervisor and employee will meet to discuss the AWA request. If the request is approved, the employee will enter into a signed AWA agreement.

**Section 1:** Complete only if requesting to work remote. Does not need to be completed if requesting an AWA that is not remote work.

1. **Are you self-motivated and self-disciplined?** Can you complete work projects and be productive with minimal supervision? Are you able to maintain balance and stop working at quitting time? Are you able to ensure you are working at appropriately scheduled hours?

- Yes  
 Somewhat  
 Not really

2. **Do you have strong organizational and time management skills?** Are you results-oriented? Will you remain focused on your work while at home, and not be distracted by television, housework, family or visitors? Do you manage your time and workload well and solve many of your own problems?

- Yes  
 Somewhat  
 Not really

3. **Are you comfortable working alone?** Can you adjust to the relative isolation of working at home?

- Yes  
 Somewhat  
 Not really

4. **Are you able to work independently, with minimal supervision and feedback?** Can you accomplish work successfully without frequent feedback or approval? Are you able to make decisions independently?

- Yes
- Somewhat
- Not really

5. **Are you knowledgeable about city and department procedures and policies?** Have you been in your role long enough to do your job in accordance with procedures and policies?

- Yes
- Somewhat
- Not really

6. **Are you adaptable to changing routines and environments?** Have you demonstrated an ability to be flexible about work routines and environments? Are you willing to come into the office on a regularly scheduled remote work day if your supervisor, co-workers or customers need you there?

- Yes
- Somewhat
- Not really

7. **Are you an effective communicator and team player?** Do you communicate well with your supervisor and co-workers? Are you able to express needs objectively and develop solutions? Have you established strong collaboration habits with stakeholders?

- Yes
- Somewhat
- Not really

**Section 2.** Complete for any request for AWA including working remote.

8. **Have you had any counseling or discipline related to attendance in the last 12 months?**

- Yes
- No

9. **Do you have any non-attendance related discipline on file of a written warning or higher in the last 12 months?**

- Yes
- No

10. Do you have any documented performance issues in the last 12 months?

Yes

No

11. Are you responsible for the care of family members? Do you have care arrangements in place for the times that you will be working remotely?

Yes

No

12. Describe your requested schedule. (Number of days or hours per week, shift start/end times, etc.):

Please complete the following biweekly schedule:

If working remote on occasional basis, leave the schedule blank and check box here:

Pay Week				Non-Pay Week			
Day	Time	Location		Day	Time	Location	
Monday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Monday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>
Tuesday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Tuesday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>
Wednesday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Wednesday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>
Thursday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Thursday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>
Friday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Friday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>
Saturday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Saturday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>
Sunday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>	Sunday	to	Remote <input type="checkbox"/>	Onsite <input type="checkbox"/>

Approval/Denial of Request (to be completed by supervisor)

Request is approved. Employee is required to complete and submit AWA Agreement to supervisor.

Request is denied. Indicate reason for denial below

Position has not been designated as AWA or Remote Work eligible

Employee does not meet the approval criteria for AWA or remote work

AWA request does not meet the business needs of the department

Other (please specify)

Manager/Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_