

**FLEX-WORK REQUEST FOR PERSONAL – NON-MEDICAL RELATED REASONS**

To request a Flex-Work Adjustment for personal, non-medical related reasons in response to COVID-19, employees must complete this form with their supervisor(s) and email it to the Director for Benefits & Compensation, Eileen Armstrong, at [eileen.armstrong@manhattan.edu](mailto:eileen.armstrong@manhattan.edu). This form must not include any personal medical information - if you have a medical-related issue, you need to contact Eileen directly, and this sensitive information will be held in confidence.

Flex-Work Adjustments are discretionary and must be approved in advance. The employee and supervisor must outline and document the expectations, specific parameters of the arrangement, and mechanisms for evaluation on this form. After supervisor and dean/director approval, the employee must file this form with Human Resources. A signed copy will be returned to the employee and supervisor(s).

**Employee Name (print):** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_

**Provide Description of Rationale and Proposed Adjustment:**

\_\_\_\_\_  
**Supervisor/Chair Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director/Dean Signature**

\_\_\_\_\_  
**Date**

.....  
**TO BE COMPLETED BY HUMAN RESOURCES**

I have verified that the employee’s work can be completed remotely: YES or NO

I have received approval from the employee’s supervisor: YES or NO

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_