

Office of Human Resources
TEACHERS COLLEGE
 COLUMBIA UNIVERSITY

REQUEST FOR FLEXIBLE WORK ARRANGEMENT

This form should not be used to request Flexible Work Arrangements that are (1) agreed upon as a condition of employment, (2) for a temporary schedule change under the New York City Temporary Schedule Change Law, or (3) part of a reasonable disability-related accommodation request under the Americans with Disabilities Act (ADA) or under any other applicable federal, state, or local law or regulation. Employees seeking such workplace accommodation(s) should continue to contact the Office of Access and Services for Individuals with Disabilities (OASID) at (212) 678-3689 or oasid@tc.columbia.edu to discuss whether they are eligible for workplace accommodations,

Flexible Work Arrangements that are agreed upon as a condition of employment should be made for up to a year and should be evaluated annually.

Employee Information	
Name:	TCID:
Job Title:	Department / Office:
Supervisor's Name:	Supervisor's TCID:

Requested Flexible Work Arrangement	
<input type="checkbox"/> Compressed Workweek	<input type="checkbox"/> Flexible Work Hours
<input type="checkbox"/> Mostly Remote (On-site 1-2 days per week)	<input type="checkbox"/> Fully Remote
Start Date: MM/DD/YYYY	3-Month Review Date (if applicable): MM/DD/YYYY
Annual Review Date: MM/DD/YYYY	

USE THIS SECTION TO DESCRIBE YOUR CURRENT AND PROPOSED WORK SCHEDULE.

The proposed work schedule must be discussed and agreed upon between the supervisor and employee. The schedule must support the operational needs of Teachers College. Indicate how the core responsibilities for your role will be accomplished.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current							
Proposed							
Additional Notes:							

USE THIS SECTION TO DESCRIBE HOW YOUR JOB RESPONSIBILITIES ARE SUITED FOR THE REQUESTED FLEXIBLE WORK ARRANGEMENT.

Include information regarding coverage and/or how your participation in the workplace will be altered. Address what processes and protocols will be implemented to ensure that the flexible work arrangement does not increase the workload of other colleagues where there are interdependencies that affect their work.

(Maximum 300 Characters)

ACKNOWLEDGMENTS

Flexible Work Arrangement Expectations	
<input type="checkbox"/> I agree	I read and understand the College’s Hybrid and Flexible Work Arrangements Policy (the “Policy”) . I agree to abide by the -Policy and all terms outlined herein. Alterations cannot be made to my Flexible Work Arrangement without the prior approval of my supervisor.
<input type="checkbox"/> I agree	I understand that I will not be reimbursed for expenses as noted in the Policy.
<input type="checkbox"/> I agree	I will not use my Flexible Work Arrangement for the purposes of performing work duties or tasks for another employer during my established work hours at Teachers College.
<input type="checkbox"/> I agree	I understand that this Flexible Work Arrangement can be changed or terminated at any time at the discretion of Teachers College.
<input type="checkbox"/> I agree	I understand that approval of this request does not constitute and will not be construed as a contract of employment. Teachers College’s employment relationships are “at will.” This flexible work arrangement is not intended to supersede or override Teachers College’s employment policies at any time.
Technology & Security	
<input type="checkbox"/> I agree	I will adhere to Teachers College’s secure computing guidelines and procedures.

Employee	
Name:	Date:
Signature:	

Supervisor Review		
Name:		Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Modification Requested
If the request is denied or requires modifications, use this section to describe the reason for denial and/or what modifications are required.		
<i>(Maximum 300 Characters)</i>		

Department Head	
Name:	Date:
Signature:	

Vice President / Cabinet Member Approval	
Name:	Date:
Signature:	

Human Resources Concurrence	
Name:	Date:
Signature:	

Vice President, Administration <i>(required for fully remote work arrangements)</i>	
Name:	Date:
Signature:	

This form and any supporting documentation should be maintained in the department. A signed and approved copy should be forwarded to the employee.