**Alternative Work Patterns Acknowledgement Form**

*This acknowledgment applies to Remote Work and Flextime as defined in the DOA Alternative Work Patterns policy.*

I acknowledge that I have received adequate time to review and read the contents of the Department of Administration’s Alternative Work Patterns policy and division guidelines, if applicable.

I have read and understand each section of the Alternative Work Patterns policy and my division guidelines, if applicable.

I am aware that it is my responsibility to become acquainted with and adhere to all policies and procedures detailed in the Alternative Work Patterns policy and division guidelines, if applicable.

I understand that it is my responsibility to keep abreast of any changes or modifications that are made to the Alternative Work Pattern policy and division guidelines, if applicable.

I understand that it is my responsibility to have in writing my mutually agreed to schedule with my Supervisor prior to signing this acknowledgment form.

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| Name of Employee(please type or print) |  | Position |
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|  |  |  |
| Employee Signature |  | Date |

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| **Notes:** Input and/or division options or comments on the alternative work patterns. |

*Please return completed and signed form to your immediate supervisor.*