Reduced Hours Arrangement Request Form

| Employee Name |
|-----------------------------------|
| Employee ID |
| Department |
| Manager/Supervisor Name |
| Current Work Schedule |
| Requested Reduced Hours Schedule |
| Arrangement Start Date |
| Arrangement End Date (if known) |
| Reason for Request |
| Potential Impact on Team/Projects |
| Additional Information |
| Employee Signature |
| Date Signed |