**ALTERNATIVE & REMOTE WORK PROGRAM (ARWP) Request Form**

ALPA’s Alternative & Remote Work Program (the “Program”) provides eligible ALPA staff with flexibility in when and where they work, while also maintaining office coverage and accessibility for ALPA officers, pilot representatives, members, and other staff.

Please see the U2 2021 Contract Extension LOA and definition document Appendix A for detailed information. Both documents are available on the Staff Center.

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard ARWP Options** | | | |
| AWS Options | | Remote Work Options | |
| **A** | Compressed Week  (9 out of 10 days) | **D** | Remote 1 scheduled day per week |
| **B** | Flexible Hours | **E** | Remote 4 days/month +  1 more day in Nov/Dec |
| **C** | Early Out | **F** | Episodic Remote Work |

**INSTRUCTIONS**

To request options A, B, C, and/or D, complete and submit this Request Form to your supervisor.

To request options E, F, and/or an additional or alternative arrangement, email your supervisor with a description of the option or arrangement requested.

Staff may participate in more than one standard ARWP option at the same time, but cannot simultaneously participate in options A + (D or E) or in both options D + E, absent specific ALPA approval.

**EMPLOYEE INFORMATION**

|  |  |
| --- | --- |
| Employee Name: | Date of Request: |
| Position: | Date of Hire: |
| Department: | Office Location: |
| Supervisor: | Requested ARWP Start Date: |
| Current Schedule/Hours: | |

**REQUESTED ALTERNATIVE & REMOTE WORK PROGRAM PARTICIPATION**

1. **COMPRESSED WORK WEEK – 9 OUT OF 10**

A Compressed Work Schedule Alternative arrangement (option A) is a work schedule of 9 out of 10 days.Scheduled hours must total exactly 70 in a two-week period. A one-hour lunch must be taken each day. No more than 38 hours may be scheduled in any week.

I request a Compressed Work Week with the following scheduled start and end times:

|  |  |  |  |
| --- | --- | --- | --- |
| Week 1 | | Week 2 | |
| M: |  | M: |  |
| T: |  | T: |  |
| W: |  | W: |  |
| Th: |  | Th: |  |
| F: |  | F: |  |

Note: If participation in option A is discontinued, HR must be notified immediately as it directly impacts payroll processes.

1. **FLEXIBLE HOURS ALTERNATIVE WITH EXPANDED CORE HOURS**

A Flexible Hours Work Schedule arrangment (option B) is a work schedule with regular start and end times that fall within office core hours, but that differ from the office’s standard hours of operation. Scheduled hours must total exactly 35 hours of work per week and include a one-hour lunch each day.

I request a Flexible Hours arrangement with the following scheduled start and end times:

|  |  |  |  |
| --- | --- | --- | --- |
| M: |  | Th: |  |
| T: |  | F: |  |
| W: |  |  |  |

1. **EARLY OUT**

An Early Out Work Schedule arrangement (option C) is a work schedule of four longer days and a half day off each week. Scheduled hours must total exactly 35 hours of work per week and include a one-hour lunch on each full work day.

I request an Early Out arrangement with the following scheduled start and end times:

|  |  |  |  |
| --- | --- | --- | --- |
| M: |  | Th: |  |
| T: |  | F: |  |
| W: |  |  |  |

1. **REMOTE WORK OPTION – 1 SCHEDULED DAY PER WEEK**

A Remote Work Schedule arrangement (option D) is one scheduled remote work day per week.

I request the following remote work schedule:

Remote work day (list in order of preference) :

Remote work hours:

Anticipated remote work Location (including Address/Phone):

Equipment used for remote work: It is anticipated that you will use your ALPA issued laptop or ALPA loaner laptop for remote work. If alternate/personal equipment will be used, please specify here:

**EMPLOYEE SIGNATURE**

I request to participate in the ARWP Program as described above.

Employee Signature: Date:

**DECISION**

Your direct supervisor will notify you via email of the decision to approve, modify or deny your ARWP request within 14 days after it has been received. If applicable, the supervisor will consult with the Local Approving Authority prior to making a final decision.

If your request is modified or denied, the email will include the specific reason for the modification or denial.

To request reconsideration of a modification or denial decision, the employee may contact U2 and/or the HR Director. If still unresolved, U2 may opt to refer the decision to the ARWP Review Committee.

CC: Director, Human Resources