

Welcome Back!

Alternative Work Arrangement Request Form

As part of the Welcome Back program, employees may be eligible for an alternative work arrangement for up to 120 days after their return. Please complete the below information and submit this form to the Employee Resource Center at erc@adobe.com within one week of the employee's beginning the new arrangement.

Name: _____ **Date Submitted:** _____

Adobe Address: _____ **Adobe Phone:** _____

Title: _____ **Adobe Email:** _____

Current Status: Full-Time **or** Part-Time
 Exempt (Salaried) **or** Non-Exempt (Hourly)

Manager Name: _____ **Requested Start Date:** _____

Type of Alternative Work Arrangement Requested:

- Alternative Work Schedules (Hours requested: ____ a.m.– ____ p.m., ____ days/week)
- Part-Time Schedule (Number of hours per week: ____)
- Occasional Work from Home (____ days/week)
- Compressed Workweek (e.g., 10 hours/day, 4 days/week)* (Exempt employees only)

I understand that Adobe is not obligated to approve a request for an alternative work arrangement or transition plan, and that the decision to do so is within my manager's discretion. Alternative work arrangements are subject to ongoing review to ensure they are continuing to work for everyone, and may be suspended or terminated at any time based on the needs of the business or concerns with my performance. Generally, the employee or manager who terminates the arrangement should give 30 days' notice where applicable.

Employee Signature : _____ **Date :** _____

Agreement

You and your manager should discuss how you will accomplish your job duties under the proposed alternative work arrangement, including the impact it will have on internal and external customers, stakeholders and co-workers. You should discuss how customer needs will be handled in your absence (if applicable), how regular communications will be handled, how you will participate in meetings (e.g., video conference, Intercall) and the solutions you propose to overcome any challenges presented by this arrangement.

The arrangement we have agreed to is:

- Alternative Work Schedules (Hours requested: ____ a.m.– ____ p.m., ____ days/week)
- Part-Time Schedule (Number of hours per week: ____)
- Occasional Work from Home (____ days/week)
- Compressed Workweek (e.g., 10 hours/day, 4 days/week) (Exempt employees only)
- Other: _____

This arrangement will be reviewed in:

- 60 days
- 90 days
- 120 days

Employee Signature : _____

Date : _____

Manager Signature : _____

Date : _____

Copies of this form and any attachments should be provided to the employee and to the Employee Resource Center (ERC) at erc@adobe.com.