



# 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 90 days after their return. Please complete the below information and submit this form by submitting a request via the Support Center *at least 15 days prior to* the employee 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 Schedule (Hours requested: \_\_\_\_ a.m.– \_\_\_\_ p.m., \_\_\_\_ days/week)
- Part-Time Schedule (Number of hours per week: \_\_\_\_\_)
- Occasional Work from Home (\_\_\_\_ days/week)

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 at the sole discretion of the company based on the needs of the business or concerns with my performance. A party who intends to terminate the arrangement should give 30 days' notice where reasonably possible.

Employee Signature : \_\_\_\_\_

Date : \_\_\_\_\_



# Welcome Back 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: \_\_\_\_)

*Note: During the term of this arrangement, your monthly salary will be pro-rated according to the number of working hours worked, and you will receive pro-rated benefits as indicated in the attached schedule.*

Occasional Work from Home ( \_\_\_\_ days/week)

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 ERC .