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 to the Employee Resource Center at erc@adobe.com 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: __________________________________________________________

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Additional Notes: __________________________________________________________

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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 at erc@adobe.com.