



Flex-Options Interest Form

Flex-Options, a project of the Women's Bureau, U.S. Department of Labor, is looking for business owners who are interested in learning how to implement or enhance flexibility in their workplaces, or who have created successful workplace flexibility practices and are willing to share their experiences with others. A list of common approaches to flexibility follows. Please indicate your interest below and we will contact you with more information.

YES!

YES!

I am interested in learning more about the following types of flexible options. (Check all that apply.)		I have a flexible workplace and am willing to share best practices or success stories about the following types of flexible options. (Check all that apply.)	
<input type="checkbox"/>	Flextime	<input type="checkbox"/>	Flextime
<input type="checkbox"/>	Compressed work weeks	<input type="checkbox"/>	Compressed work weeks
<input type="checkbox"/>	Part-time work	<input type="checkbox"/>	Part-time work
<input type="checkbox"/>	Job sharing	<input type="checkbox"/>	Job sharing
<input type="checkbox"/>	Telecommuting	<input type="checkbox"/>	Telecommuting
<input type="checkbox"/>	Personal days	<input type="checkbox"/>	Personal days
<input type="checkbox"/>	Paid time off banks	<input type="checkbox"/>	Paid time off banks
<input type="checkbox"/>	Leaves of absence	<input type="checkbox"/>	Leaves of absence
<input type="checkbox"/>	Emergency flexibility	<input type="checkbox"/>	Emergency flexibility
<input type="checkbox"/>	Report late	<input type="checkbox"/>	Report late
<input type="checkbox"/>	Vacation buying, borrowing, sharing	<input type="checkbox"/>	Vacation buying, borrowing, sharing
<input type="checkbox"/>	Day-at-a-time vacation	<input type="checkbox"/>	Day-at-a-time vacation
<input type="checkbox"/>	Floating holidays	<input type="checkbox"/>	Floating holidays
<input type="checkbox"/>	Shift flexibility	<input type="checkbox"/>	Shift flexibility
<input type="checkbox"/>	No meeting days/hours	<input type="checkbox"/>	No meeting days/hours
Other, please specify:		Other, please specify:	

Name: _____

Company: _____

Phone: _____

E-mail: _____



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