

REQUEST FOR REMOTE WORK

To make a request for a Remote Work Agreement, the employee must notify their immediate supervisor and complete this Request for Remote Work form and submit it to Human Resources.

EMPLOYEE INFORMATION

Last Name	First Name
Title	Employee Type <input type="checkbox"/> Administrative <input type="checkbox"/> Classified
Department	Supervisor

REMOTE WORK INFORMATION

Type of Remote Work Arrangement Requested** <input type="checkbox"/> Temporary Remote Work <input type="checkbox"/> Full Remote Work	Proposed Start Date	Proposed End Date (max of one year)
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**Please provide a separate document that describes your circumstances to support a Remote Work request.

DAYS OF THE WEEK	LOCATION	HOURS	
	Indicate: Remote or Campus	Start Time	End Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

SIGNATURES

Employee Signature		Date
Human Resources Review		Date
Supervisor	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Director	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Dean/Executive Director	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Vice President	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
President	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date