

## Remote Work Application Form

|                |  |             |  |
|----------------|--|-------------|--|
| Employee Name: |  | Title:      |  |
| Department:    |  | Supervisor: |  |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Number of days I would like to work remote: | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

|                       |  |                     |  |
|-----------------------|--|---------------------|--|
| Requested Start Date: |  | Requested End Date: |  |
|-----------------------|--|---------------------|--|

|  |
|--|
| Please describe how you think your job responsibilities are suited for working remote: |
|  |

|  |
|--|
| Please indicate your reason for requesting to work remotely: |
|  |

### REQUESTING EMPLOYEE

I have completed this remote work application to the best of my ability and understand that its completion does not guarantee that I will be eligible. I have read the remote work policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that working remotely can be terminated at any time by the University or me.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUPERVISOR

I have discussed the remote work arrangement outlined above with the employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position. I understand that by approving this request, that I will periodically review this arrangement with the employee to ensure that it is effective and sustainable.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### POSITION MANAGEMENT TEAM

Acknowledgement of the approved agreement above Date \_\_\_\_\_

*\*HR will provide an approval letter for both the supervisor and staff member to sign*

Disapproval of the approved agreement above Date \_\_\_\_\_

*\*follow-up with supervisor will occur to determine how to proceed*

