

REMOTE WORK REQUEST

(To be completed by employee and given to their supervisor)

Employee (Staff) Information

Employee's Name: _____

Employee's Job Title: _____

Employee's Department: _____

Employee's Direct Supervisor: _____

Vice President of Employee's Division: _____

FLSA Status: Exempt (Salaried) Non-exempt (Hourly)

Description of Remote Work Arrangement

Address of remote work location: _____

Is the remote work location the employee's home? Yes No

Remote work schedule request:

	Schedule at University office location	Schedule at Remote Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Employee's Signature: _____

Employee's Name: _____ Date: _____

Supervisor's acknowledgement of request

Supervisor's Signature: _____

Supervisor's Name: _____ Date: _____

Vice President's acknowledgement of request

Vice President's Signature: _____

Vice President's Name: _____ Date: _____

Office of Human Resources

Signature: _____

Name: _____ Date: _____

Approved to develop remote work agreement:

(This is not the final approval for remote work)

Yes No

Received by Human Resources

Yes No