



## REMOTE WORK REQUEST FORM

**EMPLOYEE to Complete:**

Date \_\_\_\_\_ Phone Contact \_\_\_\_\_

Name \_\_\_\_\_ E-mail Contact \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Work Location \_\_\_\_\_

**Employee and his/her direct supervisor must complete all of the following questions.**

1. Where is the remote work location?

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2. What will the employee's work schedule be?

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3. What equipment/materials are needed?

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4. What specific type of tasks will be performed while remote working?

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5. What will be the process for assigning work and establishing due dates?

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6. What is the method and frequency of communication between the employee and supervisor?

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7. How will ongoing job performance be evaluated during remote work?

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8. How will problems be addressed if they arise?

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**ACKNOWLEDGEMENT**

I understand and am aware that remote work:

- Is a privilege, not a right based on trust between the employee, supervisor, and Department Head
- Is voluntary and the employee can discontinue at any time
- Is a management work option and may be rescinded at anytime
- Is not suitable for all positions and duties
- Is suitable for employees who can work independently and be accountable for work performance
- Is not a substitute for child or eldercare

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL/DENIAL**

Approved

Denied

Approved

Denied

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|----------------------|------|---------------------------|------|
| Supervisor Signature | Date | Department Head Signature | Date |
|----------------------|------|---------------------------|------|

**RECISSION**

End Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**RECISSION ACKNOWLEDGEMENT**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_