Remote Work Request Form

Name: ____________________ Phone Number: ____________________

Department: ____________________ Date: ____________

Complete this form to request consideration for remote work accommodations. Please indicate below the reason(s) for your request.

____ Those who travel extensively for whom on-campus work is infrequent in nature (usually determined during hiring process).

____ Roles that do not regularly require on-campus activity and for which remote work does not reduce effectiveness or the delivery of services.

____ Roles that may engage in hybrid schedules, where a mix of on-campus and remote work is desired by the individual and the department (e.g., usually four days on campus and one day remote; typically, there should not be any hybrid schedules with less than three days on-campus).

____ Situations in which hybrid or remote work is determined by the College in order to adhere to health and safety protocols (e.g., spacing in certain areas do not allow for six feet distance between colleagues working together all day).

____ Medical accommodations due to COVID-19 for self or family members residing in the same household (lack of vaccination is not considered justification for remote work or typical accommodation, absent more). HR will contact you for more information.

____ Short-term accommodations of not more than 90 days associated with family care needs (please attach details).

____ Other (please explain and attach supporting information).

Remote & Hybrid Work Expectations

✓ As a general rule, having the ability to work remotely is a privilege not a guarantee, and may end at any time
✓ Performance standards need to be continuously met in order for remote options to be continued
✓ Remote work efforts should be consistent with on-campus performance (e.g., calls answered, emails returned in a timely way, meetings attended on time with full engagement)
✓ Hybrid schedules should be able to be adjusted based on College needs (e.g., on-campus attendance at important meetings and events is expected)
✓ Department efficiency, service, hours, and assignments cannot be adversely affected or create more work for others
✓ Employees are responsible for any expenses associated with working remotely

By signing you indicate your understanding and agreement with the general remote work expectations noted above and any department requirements.

Employee Signature: ____________________

Department Approval: ____________________

Human Resources: ____________________