REMOTE WORK APPLICATION

EMPLOYEE INFORMATION

Employee Name: _____ **Department**: _____

Job Title: _____ **Supervisor**: _____

REMOTE WORK REQUEST

In-Person Employee Schedule:

Proposed Remote Work Schedule:

Duration: _____

Reason for Request:

ACKNOWLEDGEMENT

By signing this form, you confirm that you understand and accept the terms of the remote work policy, and that remote work privileges may be revoked at any time, with or without cause.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Name: _____

☐ - Remote Work Approved
☐ - Remote Work Denied

Supervisor Comments: