**COVID-19 Employee Temporary Remote Work Request Form**



**All non-essential employees** who wish to temporarily work from home for any period between **[Start Date] and [End Date],** are required to seek and receive approval by completing and submitting this new request form.

# Criteria for Determining Workplace Need

Requests will be evaluated for approval based on the following criteria:

1. the department’s operational needs,
2. the employee’s essential job duties,
3. and office coverage.

# Steps to Complete the Request

The employee must:

1. complete and sign the form.
2. seek the signatures of the immediate supervisor and cabinet-level administrator, which are required.
3. send the signed copy as an attachment to the attention of the vice president for Human Resources at **[HR’s email]**.

Upon receiving such requests, supervisors are expected to interact with the employee, the unit’s administration, and Human Resources to assess whether the employee’s position is conducive to a remote work arrangement.

Once the final completed form is received by HR, the employee will receive a confirmation email.

# Reasons to Request Remote Work

**If you have underlying health issues that make you at a higher risk due to COVID-19, please contact HR directly at [email address] before completing this form.**

Any sufficient supportive health or medical documentation obtained by the Office of Human Resources as part of this process will be kept confidential to the fullest extent possible.

Employees who do not have [certain underlying medical conditions](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html), but who nevertheless would like to be considered for a remote work arrangement due to the COVID-19 pandemic may also submit an approval request to their supervisor. Other employee considerations may include populations identified by the CDC as people who need extra precautions, including those who have childcare or senior care obligations that have arisen due to the COVID-19 pandemic.

# Section I: Employee Information

*This section is to be completed by the employee.*

Employee Name: Type name

Work Email: complete email

Mobile Phone Number: Provide mobile Phone Number

Job Title: Type Job Title

Department: Type Department

**Location**

Address of requested designated remote worksite (typically the employee’s home address):

Insert the complete address of the remote location.

**Reason**

\_\_\_I plan to work from home, but travel to campus as needed and agreed upon with my supervisor.

\_\_\_I plan to work on campus on a predetermined schedule.   
\_\_\_I plan to work from home for the reason specified below. Choose all that apply:

\_\_\_\_Underlying medical condition – **Please contact [Authorized person’s name] at [email]**

\_\_\_\_Childcare or senior care obligations, or breastfeeding

\_\_\_\_Tasks can be completed remotely/want to de-densify campus

\_\_\_\_Other – Insert description here:

The employee agrees to work at the designated site during the hours specified in the agreement as defined below. Any change must be approved in advance by the supervisor.

**Requested Terms of Remote Work Agreement**

Proposed Start Date: enter a date.

Anticipated End Date(before [mention date]): enter a date.

Non-exempt employees are subject to FLSA regulations. Any hours worked over 40 in a workweek **must be authorized in advance** by both the immediate and Cabinet-level supervisor in writing, and the employee must be paid overtime.

Work hours are specified below. Any change must be approved in advance by the supervisor.

**Days employee will be remote # of Work Hours**

| Sunday | to |  |
| --- | --- | --- |
| Monday | to |  |
| Tuesday | to |  |
| Wednesday | to |  |
| Thursday | to |  |
| Friday | to |  |
| Saturday | to |  |

Provide details about how you will complete your work effectively and any additional needs you may have under this requested arrangement:

A detailed plan to fulfill work expectations:

[Write explanation]

Detailed plan regarding how communications with co-workers, supervisors, and [Company Name] community members will occur during your regular work hours.

[Write your Plan]

Employee Responsibilities and Obligations

* All job responsibilities and conditions of employment apply as if the employee were working at the primary worksite.
* Employees will comply with all the company rules, policies, and procedures that would be in effect if the employee were working at the primary worksite.
* Employees must notify their supervisor immediately of any situation that interferes with their ability to perform their jobs.
* Work developed or produced during remote work away from the primary worksite remains the property of the company.
* Employees must certify that the remote work environment is safe and the same safety habits that would be used at the office site are being practiced.
* Remote employees are encouraged to contact their insurance agent for any information regarding home worksites and coverage for equipment that is damaged, destroyed, or stolen.
* An employee who is in a remote agreement is not entitled to reimbursement for travel mileage to attend work meetings.
* Failure to follow policies, procedures, and practices may result in the termination of the arrangement and/or disciplinary action.
* Non-exempt employees are required to complete and submit "Remote Work Attendance Log" sheets weekly to the immediate supervisor, as well as continue online Time & Attendance entry practices when available.

*I understand that [Company Name] may modify or suspend the temporary remote work arrangement at any time.*

Employee’s Signature:

Date: enter a date.

Section II: Adjusted Work Arrangement  
*This section is to be completed by the supervisor.*

Approved (select one): YES☐ NO☐

Approved with Start/Adjusted Date: TYPE DATE

Approved End/Adjusted Date (if before [mention date]): TYPE DATE

*If not approved at either level, please return to the employee and discuss the reason and options.*

Comments: [Write Comments, if any]

# Section III: Approval Signatures

Supervisor’s Signature Date

Supervisor’s Name (printed or typed)

Cabinet-level Administrator’s Signature Date

Cabinet-level Administrator’s Name (printed or typed)

*To be completed after receiving all signatures above.*

*I agree to abide by the terms and conditions of this Remote Work Agreement as approved. I understand this Agreement may be changed or modified at any time.*

Employee’s Signature Date

**Please send a completed and signed form to the Vice** President for Human Resources for review and approval at [HR Email].

VP for Human Resources’ Signature Date