



Request for a Remote Friendly Hybrid Working Arrangement

Retain this completed form in your department.

To be completed by employee

Employee name or Department (if requesting for entire department):

Position(s) / Title: _____

Manager / Dean / Director: _____

Provost / Divisional VP: _____

Select an option below to indicate the number of maximum requested days to work remotely:

1 remote day / week

2 remote days/week

3 remote days/week

4 remote days/week

Select one option below:

I elect to work remotely on the **same days** each week. Indicate which days, below (up to 4 days):

Monday Tuesday Wednesday Thursday Friday

I elect to work remotely **different days** each week, based on operational need

Terms of agreement

This hybrid working arrangement will begin on:

This hybrid working arrangement will (select one):

Continue until otherwise altered

End on:

Request for a Remote Friendly Hybrid Working Arrangement, continued

To be completed by Supervisor/Manager

1. Please select one option below to indicate your approval of the employee's request to work remotely:

Approve as requested Approve with changes* Disapprove

*If "approve with changes" was selected, please indicate changes to the employee's request:

2. Indicate the key duties, responsibilities, and assignments that will be performed at the remote work site:

3. The employee has the proper equipment to perform the key duties, responsibilities, and assignments at the remote work site: Yes No

If no, the employee will be provided the following equipment/supplies:

4. The employee's work performance will be measured based on the following agreement:

5. The method and frequency of communication between the employee and the supervisor will be based on the following agreement:

Approvals

Employee signature

Date

Manager / Dean / Director Signature

Date

Provost / Divisional VP Signature

Date

Internal use

Copy provided to: Employee Manager / Dean / Director Provost / Divisional VP