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4.409:01 Working Remotely Approval Form

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WORKING REMOTELY APPROVAL FORM

Employee to complete the following information:

Employee Name: _____

Campus / Department/ Title: _____

1. The initiator of this request is (circle one): *the employee* or *the university* (see note below).
2. Describe the working remotely duties to be accomplished (attach a separate sheet if necessary).
3. Requested Working Remotely Schedule (days of the week, hours, breaks, etc.)
4. Address and telephone number where you can be reached during the Remote Work Schedule above.

I acknowledge that I have received and read the Working Remotely Policy #4.409 and agree to all the terms and conditions of said policy and other policies referenced therein. I further acknowledge that an approval to work remotely is at the discretion and approval of the university. I further understand that upon approval of this Working Remotely Approval Form that my supervisor will provide me with clearly defined performance requirements as required in said policy.

Employee Signature

Date

**(Supervisor to define)
Employee Performance Requirements for Employee:**

Approved by:

Supervisor Signature

Date

Human Resources Signature

Date

Note: For University initiated requests, unit head approval and a university equipment form must be on file before deploying university provided equipment.