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4.409:01 Working Remotely Approval Form

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WORKING REMOTELY APPROVAL FORM

Supervisor to complete the following information:

Employee Name: _____ Employee ID#< _____

Title/ Department: _____ "Campus: ""

Supervisor Name: _____ Tgo qv"Start Date:a _____

1. If duties vary from the job description, supervisor is to describe the duties to be accomplished including performance requirements that are measurable and results orientated. (Attach a separate sheet if necessary).
2. Remote Work Schedule: **Full-time** **Part-time** **Temporary** Tgo qv"End Date: _____
(include days of the week, total hours daily. Hourly employees must note required mandated lunch and periodic breaks, etc. Overtime must be approved in advance and no work is to be performed "off the clock".)
3. Employee address and contact number where the work is to be performed while working remotely.

I hereby attest that I have read and understand the expectations in the Working Remotely Policy #4.409. I understand that my failure to adhere to the expectations may have an adverse effect on my employment and may result in disciplinary action, including but not limited to the immediate termination of this remote work arrangement. Working remotely is at the sole discretion and approval of the University. I further understand that upon approval my supervisor is to provide me with clearly defined performance requirements.

Employee Signature

Date

Supervisor Signature

Date

Human Resources Signature

Date

Provost/ Chancellor

Date

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