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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:_____
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.

Employee Signature Date
Supervisor Signature Date
Human Resources Signature Date
Provost/ Chancellor Date

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