

Policy 460 REMOTE WORK

**APPENDIX A
Remote Work Request**

Name:	
Position:	
Location:	
Supervisor:	

I am requesting to work remotely for part or all of my assignment for the following reason:

My proposed remote work request parameters are as follows:

Start/End Dates:	
Schedule (Day/Week; Times):	
Possible Location:	

I understand that this request is subject to approval by my administrative supervisor and is pending completion of a formal remote work agreement. I also understand that if remote work is requested as a medical accommodation, I may be required to provide medical documentation supporting the accommodation and complete the Americans with Disabilities Act (ADA) interactive process.

Employee Signature and Date