Remote Work Application: Staff

In conjunction with the Remote Work Manual, this form should be used as a tool for thinking through and documenting the details of a proposed remote work arrangement. The approval or denial of a request for remote work is at the discretion of the university based on the business needs of the department. Please note that the process of reviewing applications generally takes several weeks.

For health, medical, or disability accommodation requests, contact Human Resources directly. Do not include medical information on this form.

Name: _____ PLU ID:_____

Title: _____ Department:_____

Requested start date: _____

Ending date of request: ☐ Ongoing ☐ Short term (end date)_____

Address where remote work will be performed:

_____

Type of remote work:
☐ Fully remote
☐ Hybrid remote schedule

How many hours per week will be remote: _____

Work Schedule: Please be specific including days, hours, time zone, and work location.

For example:
Monday & Wednesday: 8am-5pm, lunch from 12-1pm, remote
Tuesday, Thursday, Friday: 8am-5pm, lunch from 12-1pm, on campus
Saturday & Sunday: off

Please answer the following questions. Do not include health or medical information.

1. Describe the impact your proposed arrangement might have on your department and customers, both challenges and opportunities.

2. Specify any equipment or technology needed to work remotely and whether it will be employee or employer provided (e.g. computer, internet, phone, VPN access, printer).

3. Describe any other cost implications of the proposed arrangement (e.g. home office needs, travel expenses).

4. Specify any resources and/or training necessary for effective remote work.

Acknowledgment

I acknowledge that I have read and agree to the policies/procedures outlined in the Personnel Manual and the Remote Work Manual. I understand that PLU is not obligated to approve remote work for any employee and that remote work schedules are subject to ongoing review and may be modified or terminated at any time. Reasons include, but are not limited to: 1) a change in business needs, 2) a determination by my supervisor/manager/VP that my remote work is not in the best interests of the university, 3) that the quality of my job performance is declining and/or not meeting expectations, 4) a change in my needs, or 5) failure to abide by the remote work policies/procedures.

Employee Signature: _____ Date: _____

****

Approvals

Employees should discuss the proposed remote work arrangement with their supervisor and obtain all signatures before submitting to HR.

Remote work arrangements should be reviewed at least annually with your supervisor. Supervisors and employees should discuss the effectiveness of the arrangement, and whether the arrangement will continue. Any potential changes to your remote situation should be discussed with your supervisor and HR. A new Remote Work Application may be required.

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Supervisor/Department Head Comments:

****

For HR Use Only

HR review in consultation with VP (name): _____

☐ Approved ☐ Approved with modifications (see below) ☐ Denied

HR Signature: _____ Date: _____