

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 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 may take several weeks. If the request involves a health, medical, or disability accommodation, please contact Human Resources.

Name:	PLU ID:	
Title:	Department:	
Requested start date:		
Ending date of request: ☐ Indefi	nite	
Address where remote work will be performed:		
Type of remote work: ☐ Fully remote ☐ Hybrid remote schedule (20% or **Flexible work arrangement (less t	more of hours per week remote) han 20% of hours per week remote; this form is not required	
How many hours per week will be re	emote:	
Work Schedule: Please he specific	including days hours time zone and work location (e.g.	

Work Schedule: Please be specific including days, hours, time zone, and work location (e.g. Mon & Wed: 8am-5pm, lunch from 12-1pm, remote; Tue, Thur, Fri: 8am-5pm, lunch from 12-1pm, on campus; Sat & Sun: off).

Please answer the following questions. Do not include health or medical information.		
Describe the business rationale associated with your proposed arrangement.		
2. Describe the impact your proposed arrangement might have on your department and customers, both challenges and opportunities.		
3. 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).		
4. Describe any other cost implications of the proposed arrangement (e.g. home office needs, travel expenses).		
5. 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 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 subject to termination at any time. Reasons include, but are not limited to: 1) a change in business needs, 2) a determination by my manager 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 Sigr	nature:	Date:
*****	**************	********
Approvals		
Employee sho	uld discuss with supervisor and obtain signatures	before submitting to HR.
	arrangements must be reviewed annually. Supervectiveness of the arrangement, and whether the a	
Supervisor Sig	nature:	Date:
Department He	ead Signature:	Date:
Supervisor/De	partment Head Comments:	
******	******************	*********
For HR Use O	nly	
HR review in c	onsultation with VP (name):	
☐ Approved	☐ Approved with modifications (see below)	□ Denied
HR Signature:		Date: