



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: Indefinite Short term (end date) _____

Address where remote work will be performed:

Type of remote work:

Fully remote

Hybrid remote schedule (20% or more of hours per week remote)

****Flexible work arrangement (less than 20% of hours per week remote; this form is not required)**

How many hours per week will be remote: _____

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*).

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 Signature: _____ Date: _____

Approvals

Employee should discuss with supervisor and obtain signatures before submitting to HR.

Remote work arrangements must be reviewed annually. Supervisors and employees should discuss the effectiveness of the arrangement, and whether the arrangement will continue.

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: _____