



## 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. 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*).

*Please answer the following questions.*

1. Describe the personal and/or 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Approvals

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: \_\_\_\_\_

HR review in consultation with VP (name): \_\_\_\_\_

Request approved       Request denied

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_