

**Permanent Remote Work Request Form**

<b>Employee Information:</b> <i>To be completed by Director, Executive Director or Executive as applicable</i>		
Employee Name:		Date:
Position Title:	Department:	Employee Hours Per Pay Period:
Employee ID:	State and county in which employee will perform remote work:	Date Remote Work to Begin:

1. Has the employee’s job description already been reviewed for viability of remote work?

Yes  No

2. Confirm current job description includes description of what amount of remote work is expected, whether onsite activities are required and their frequency.

Yes  No

3. Please attach current job description and explain why the essential functions of the position can be performed remotely. Describe what amount of remote work is expected, whether onsite work is expected and what its anticipated frequency would be.

\_\_\_\_\_

4. Please detail your expectations for work hours and availability of the remote employee.

\_\_\_\_\_

5. Will this remote work approval cause an additional workload for onsite department employees?

\_\_\_\_\_

6. Employee will be able to establish remote work space and connectivity as required by the Remote Worker policy.

Yes  No

Manager Name:

Date:

Manager please give form to your Executive Team Leader.

Reviewed and Approved by Executive Team? Yes  No

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_