

**Classified Remote Work Request Form**

Please complete this form to request a remote work arrangement per Administrative Procedure 7237. Detailed responses to the information requested will aid in evaluation of your request and are encouraged.

**Employee Information**

Request Date: Click or tap to enter a date.

Employee Name: Click or tap here to enter text. 900# Click or tap here to enter text.

Department: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

**Type of Request**

**Emergency/As-Needed Remote –** I am requesting future approval to work remotely on an emergency or as-needed basis. I understand that if this request is approved, I must also obtain approval from my supervisor on any workday in which I would like to exercise the option to work remotely. Requests will be approved at the discretion of my supervisor based on applicable circumstances.

**Temporary Remote –** I am requesting approval to work remotely during the following time period and for the reasons explained below: Click or tap to enter a date. to Click or tap to enter a date.

**Hybrid Remote –** I am requesting approval to work remotely for a regularly scheduled portion of my workweek. I understand that hybrid work arrangements require on campus work a minimum of # days per week. My proposed schedule is:

|  |  |  |
| --- | --- | --- |
| **Day** | **On Campus Schedule** | **Off Campus Schedule** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

**Fully Remote –** I am requesting approval to exclusively work remotely. If approved, I understand that I will be expected to report to campus at a frequency to be determined by management and recorded on this form.

**Explanation / Justification of Request**

Click or tap here to enter text.

**Worksite**

Please provide the address of the worksite location you plan to use if this request is approved. Approval may be subject to inspection of the worksite to ensure suitability and safety. Employees should be aware that the worksite location may have tax implications that are the responsibility of the employee.

Click or tap here to enter text.

**Confirmations**

I understand that I am requesting approval for a *voluntary* remote work arrangement and confirm my understanding of the following:

Working remotely will not impact my ability, or the ability of others, to satisfactorily perform required work. I will ensure that I am accessible and responsive to my supervisor, colleagues, and customers during the work day. The phone number that I can be reached at and is acceptable for distribution is: Click or tap here to enter text.

I have and will maintain at my own expense internet access sufficient for the satisfactory performance of my work.

The college will not provide redundant technology in order to support my voluntary request to work remotely and I have technology sufficient for the satisfactory performance of my work.

The remote workspace I plan to utilize is safe and appropriate for the performance of my work. I must notify the District in advance of any remote worksite change and provide the address of the new worksite. In the event of an emergency worksite change, I must notify the District within 24 hours.

Approved requests to work remotely may be modified or revoked at any time at the discretion of the District. Efforts will be made to provide advance notice whenever possible however, the District retains its right to require that I report to work on premises at its discretion and without notice.

My request may result in the redistribution of work in order to ensure that my colleagues are not burdened by work that I would otherwise be performing if I was not working remotely.

I am responsible for ensuring the safety and security of protected information I may access or possess while working remotely.

The District does not provide VPN access for non-college owned devices.

Remote work arrangements are not a substitute for dependent care arrangements.

I am not permitted to work remotely prior to the review and authorization of this form.

I will not engage in activities for profit or work for another employer during the hours I am typically scheduled and am working remotely.

The laws, regulations, policies, procedures, and collective bargaining agreements (if applicable) that govern the employment relationship and work performance apply with the same force and effect when I am working remotely.

If my request is approved, I will enter into a remote work agreement with the District that includes required completion of online training modules, a worksite safety review (and possible inspection), work and performance expectations, and agreement with terms and condition. Agreements for hybrid or fully remote must be reviewed and renewed (if appropriate), at least annually. Agreements may be tentatively approved for less than twelve (12) months.

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Employee Signature Date

Upon completion, please forward this form to your supervisor for review.

**Remote Work Request Review**

**Supervisor Certification**

Please utilize this section to conduct a review of the request and provide information to administration that describes the viability and impact of the request. Supervisor support of a request does not constitute approval, nor does a lack of support constitute denial. All requests will be reviewed on a case-by case basis, taking into consideration the totality of circumstances.

Yes  No The employee’s work reasonably allows for the type of request submitted.

Yes  No The employee is meeting performance expectations.

Yes  No The department is able to accommodate the request without:

* Creating an imbalance in workload among colleagues
* Requiring a substantial change to anyone’s job description or work schedule
* Reducing service to students, colleagues, or the community
* Creating operational inefficiencies

Yes  No Clear performance expectations can be articulated for time spent working remotely.

Yes  No The employee is assigned FRC technology equipment that can be used for remote work.

Yes  No I support approval of this request. Please provide a rationale for your response below.

Click or tap here to enter text.

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Supervisor Signature Date

Upon completion, please forward to Human Resources for processing.

**Review and Approval**

Review Date: Click or tap to enter a date.

Approved Expiration: Click or tap to enter a date.

Tentatively Approved Expiration: Click or tap to enter a date.

Denied

Please provide a rationale for requests tentatively approved or denied.

Click or tap here to enter text.

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Human Resources Date

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Administrator Date

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President Date