

Remote Work Authorization Form

Instructions: The following authorization agreement is required to be submitted and fully approved before an employee can work at a remote work location on a pre-scheduled basis.

Employee Name			Employee	ID	Date o	f Hire	
Job Code/Title				Department/Division		Supervisor	
FLSA Status:	□ Exempt □	Nonexempt					
☐ Temporary (15	ote Work Reques 5 Calendar Days o DA)or Pregnancy re		Ongoing or Long ccommodation requ			propriate forms.	
Justification for Proposed Remote			gin Date	Enc	1 Date:		
Proposed Remot	te Work Schedul		<b>5</b> =		. <b>.</b>		
Fixed (List	days and hours for	each week below):	:				
OR: Flexible (Li	ist total hours per d	lay/week below):					
Fri	Sat	Sun	Mon	Tue	Wed	Thurs	
Remote Work L	ocation Details:				'		
Location Descrip	otion:	Location Address	5:				



	Remote Work Agreement
hat I am responsible for having appropriate equob duties can be completed. Should any of the	pectations set forth in <b>FPU-6.0730P</b> Remote Work Policy. I understand aipment and technological access at the remote work location to ensure my terms/conditions of this agreement change, I am to update my supervisor ad that this Remote Work <u>Agreement</u> can be terminated at any time.
Department/Division Review:	
☐ Approved (as specified above or with the fol	lowing modifications):
☐ Denied (provide explanation):	
on organizational needs, the employee's ability employee's demonstrated sustained high perfor	to perform their work effectively at a remote work location, and the mance.
Supervisor's Signature	Date
Supervisor's Signature  Vice President's Signature	Date
Vice President's Signature  Employee Signature	Date