

Date of Request

Employee Name

Employee Title

Employee Department

Employee Supervisor

Type of Request

Please List the City, County, and State Where Remote/Hybrid Work Will Be Performed

Proposed Schedule

Communication Methods During Hybrid/Remote Work (cell phone, Teams messaging, Zoom, etc.)

Specific Request (computer, software, etc.)

Supervisor Comments

Approvals

Employee: _____

Supervisor: _____

Department Chair/Unit Director: _____



The form should be retained at the unit level after being signed by the Department Chair or Unit Director.

Note: All hybrid/remote schedules are subject to change if an employee's performance declines, or if the needs of the unit are not being met.

Resources

[Work Location Guidelines](#)

[Work Location News, Tips & Tools](#)

[Information for Supervisors](#)

[Local City Tax Form](#)