

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** (CAFE Business Center will coordinate Dean approval after the form is submitted)

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department Chair/Unit Director: \_\_\_\_\_

Dean: \_\_\_\_\_

Form may be submitted to [agbusinesscenter@uky.edu](mailto:agbusinesscenter@uky.edu) 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.