

### Remote Work Request Form

This form is to be completed by the employee requesting to work remotely from 1 to 5 full or partial days per week for more than 2 continuous weeks. The request will be considered with the parameters of university guidelines, and an approval decision will be communicated by the Human Resources office. For a request involving an accommodation under the Americans with Disabilities Amendments Act, please complete an Accommodation Request Form instead.

Each request will be reviewed by HR considering departmental operations, specific job duties/responsibilities, and unit coverage as part of the approval process. All remote workers are expected to meet departmental and organizational goals and expectations. If assigned tasks are unable to be completed remotely, you may be required to take leave hours or work from your office occasionally.

Employee Information	
Full Name:	Job Title:
Work Email:	Department:
Current Status:      Full-Time  Part-Time	Non-Exempt ( <i>paid hourly, eligible for overtime</i> )  Exempt ( <i>paid salary, not eligible for overtime</i> )
Supervisor Name:	Supervisor Email:
Next Semi-Annual Review Date:	

Request Work Schedule Details							
<p>A work schedule is to be discussed and agreed upon between the supervisor and employee. The schedule should be set to support the university’s needs and reflect the employee’s workflow. Staff employees will be generally expected to be available during the regular work day of 8 am - 4:30 pm CT Monday-Friday, with faculty employees generally expected to be available as required in the faculty handbook.</p> <p><b>***Please list the agreed upon work schedule below and enter hours as a range, i.e. 8:00a – 5:00p***</b></p>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
On Campus							
Off Campus							
Remote Work Address:							
Phone number to be used during work hours:							

Provide rationale for your request and explain how your proposed remote schedule will impact the service provided to students, colleagues, and/or the university.

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Provide any additional information you would like to submit for consideration regarding your request.

Describe how you will maintain the quality, quantity, and productivity of your work during a remote-work arrangement.

#### Employee – Remote Work Acknowledgements (Technology, Security, Performance, and Policy)

Technology & Security	
Acknowledgment Item	I Agree
I will comply with all electronic security policies and requirements. I will ensure the safe storage and destruction of any sensitive information that is printed or contained in paper files via a locked desk or file cabinet. I will not transfer proprietary or sensitive university information to a personal device	
I will not make any changes to security or administrative settings on IWU equipment. I understand that all tools and resources provided by the university shall remain the property of the university at all times.	
I agree to return university equipment and documents within five days of termination of employment.	
I will ensure proper care and storage of all university property and equipment. Any equipment that is issued to me will be returned upon my separation or the discontinuation of my telecommuting or remote arrangement, as applicable.	
If I am occasionally working remotely, I will forward my desk phone to my remote location during periods of being off-campus.	
I will have an internet connection that provides adequate service for my job and duties; this expense will not be reimbursed. If I am an occasional remote worker using personal equipment, I will ensure my equipment is running a current and patched operating system and has active antivirus software.	
I will be available during the established work hours, just as if I were in the office.	
Performance Expectations	
Acknowledgment Item	I Agree
I will be available for contact during the established work hours. If I am not available, I will notify my supervisor.	
I will establish and maintain a safe and appropriate work environment, which will allow me to complete my work professionally and distraction free.	

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I understand cameras are generally expected to be on for virtual meetings to facilitate communication and team building. Exceptions may be requested, and will be evaluated by the supervisor in consultation with Human Resources.	
Remote work does not alter my position duties and responsibilities. I will be accountable for working the number of hours agreed upon and providing evidence of work produced or objectives met as requested.	
Remote work does not alter my position duties and responsibilities. I will be accountable for working the number of hours agreed upon and providing evidence of work produced or objectives met as requested.	
I understand there may be occasions where I will be required to attend work on campus.	
I will communicate regularly with my supervisor and co-workers, including at least weekly documentation of activities	

### Employee – Remote Work Acknowledgements (Technology, Security, Performance, and Policy) – Continued

Remote Work Policy	
Acknowledgement Item	I Agree
I have read the IWU Remote Work Policy. I agree to abide by the policy and all terms outlined in this agreement. Alterations cannot be made to this agreement without the prior approval of my supervisor and HR.	
I will not use a remote work arrangement for the purposes of having another job during my established working hours; I will not be providing full-time child or other dependent care while I am working remotely.	
If I have an accident or am injured during established work hours and in conjunction with my regular work, I will report the accident immediately to Human Resources.	
I will alert Human Resources in the event the address of my remote work location changes. * The following states are prohibited as remote work sites: CA, CO, CT, HI, MA, NY, and WA. *	
I understand that telecommuting and remote work arrangements can be changed by the University or terminated at any time.	
I will comply with all IWU rules, policies, practices and instructions that would apply if I were working on-campus.	

***I understand the following as it relates to my remote work request:***

- The amount of time and work hours that the employee is expected to work will not change due to participation in a remote work arrangement.
- Hours of work should remain the same as the traditional university business hours unless specified differently and approved by the applicable supervisor.
- If remote work is approved, the employee may still be required to come to campus for meetings or other business purposes.
- Normal procedures will be followed for the approval of overtime and use of leave.
- Illinois Wesleyan University may modify or discontinue the remote work arrangement at any time.
- This agreement does not change the at-will nature of employment.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Remote Work Request Form****Supervisor Portion**

Describe the expectation for the employee to be on campus (e.g., up to 3x per year for 3-4 days per visit; weekly; for specific events "x" times per year)

Describe the job responsibilities that can be accomplished while working remotely.

Describe the job responsibilities that cannot be accomplished remotely.

Describe how the job responsibilities above will be accomplished (e.g., assigned to another person in the department, etc.)

Describe the performance metrics which will be measured to document the successful productivity, and what goal(s) must be met

Describe any additional expectations for employee performance specific to this agreement.

**Remote Work Request Form**

Supervisor and employee are expected to meet virtually no less than one time per week. Provide details of when weekly meetings will be scheduled.

IWU will provide the following equipment:

Business expenses that will be reimbursed:

- A. \$25 monthly stipend for cell phone allowance, for those employees whose position require use of cell phone
- B. Maintenance of IWU-owned equipment
- C. Other:

**Supervisor Comments:**

**Approve**

**Deny**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Vice President Comments and Approval:**

**Approve**

**Deny**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Remote Work Request Form**

**Human Resources Comments and Final Approval:    Approve        Deny**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_