

| EMPLOYEE AND SUPERVISOR INFORMATION | | | | | | | | | |
|--|---|---|----------------------|--------------------|----------------|--|--|--|--|
| Employee Name | SUPERVISOR IN | ORMATION | | | | | | | |
| Position Title | | | | | | | | | |
| Department | | | | | | | | | |
| Supervisor | | | | | | | | | |
| Remote work location | | | | | | | | | |
| nemote work location | | | | | | | | | |
| PROCESS | | | | | | | | | |
| Remote work allows employees in certain positions to work from one alternate location (typically | | | | | | | | | |
| primary residence). Such work arrangements should not be a substitute for childcare, other dependent | | | | | | | | | |
| care, vacation, sick or other leave time. Employees will follow the agreed-upon work schedule and | | | | | | | | | |
| accurately document their hours worked. Decrease in productivity and/or availability may result in loss | | | | | | | | | |
| of remote work status. | | | | | | | | | |
| Review and discuss with your supervisor the Flexible Work Eligibility Questions Review and discuss with your supervisor and area co-workers the Department Assessment | | | | | | | | | |
| 3. Fill out and submit this form to hr@whitworth.edu | | | | | | | | | |
| 4. Work from campus full time until approval received | | | | | | | | | |
| | | Type of Pomoto | Work Requested | | | | | | |
| ☐ Uybrid /may a | ftbroodays a w | | - | to language by a | ahinat mambarl | | | | |
| | ii tiiree days a we | eek) 🗆 Seasonal | edule | te (approved by Co | abinet member) | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Eriday | | | | |
| Whitworth | Williay | Tuesuay | vveunesuay | Tiluisuay | Friday | | | | |
| Remote | | | | | | | | | |
| Kemote | | | | | | | | | |
| CHECKLIST | | | | | | | | | |
| | ugh the following | checklist items. Ch | necking the box sig | nifies vour acknov | vledgement of | | | | |
| | | that come with app | | | | | | | |
| ☐ Job Expectation | | • | | | | | | | |
| • | | effectively accom | plish their job duti | es regardless of w | ork location. | | | | |
| _ | | ely, an employee w | • | S | | | | | |
| | • | erform job functio | | | | | | | |
| i. Employees for both seasonal and hybrid remote work need to be on campus | | | | | | | | | |
| working two days a week. | | | | | | | | | |
| b. Remain accessible to employees and students during the remote work schedule | | | | | | | | | |
| c. Be available for teleconferences, scheduled on an as needed basis | | | | | | | | | |
| d. Be available to come into the office if a business need arises | | | | | | | | | |
| | i. This includes in person meetings scheduled on remote work days. Other | | | | | | | | |
| departments/areas should not have to schedule around remote work | | | | | | | | | |
| schedules. | | | | | | | | | |
| | | rvisor approval for | | | | | | | |
| f | f. Request supervisor approval to use vacation, sick or other leave time as appropriate | | | | | | | | |
| | i. Remote work should be done at one location and is not a substitute for vacation, sick or other leave time. | | | | | | | | |



| ☐ Remote Work Space/Equipment | | | | | | | | |
|---|--|---|------|--|--|--|--|--|
| 1. | Remote w | ork should take place at one location. | | | | | | |
| 2. | The emplo | oyee is responsible for furnishing their off-site location with all necessary supplies | | | | | | |
| | needed to | needed to work as if they are on campus. | | | | | | |
| 3. | Remote w | vork location must have reliable internet access. | | | | | | |
| | a. In the event that internet access becomes unreliable, the employee will return to | | | | | | | |
| | | s immediately. | | | | | | |
| 4. | Maintain a | n a safe, secure, ergonomic, distraction free and appropriate work environment. | | | | | | |
| 5. | | n will not provide laptops for those approved for remote work. If a laptop has | | | | | | |
| | | been issued to the approved employee, then that should be the primary computer | | | | | | |
| | • | remote work. | | | | | | |
| 6. | | nformation systems and university policy in relation to privacy of information. | | | | | | |
| | | and privacy information should not be saved or stored on personal computers. | | | | | | |
| | | neDrive or share drive should be utilized for this. | | | | | | |
| ☐ Technology Needs | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | using a person computer, employee has contacted IT and is utilizing SentinalOne on their | | | | | | |
| ۷. | | | | | | | | |
| 3. | personal device. | | | | | | | |
| Э. | | er, forwarding your work phone to your cell phone or alternative method for phone calls been established. | | | | | | |
| 1 | | r alternative method of communication has been established and communicated | | | | | | |
| 4. | | | | | | | | |
| broadly both in and outside of your department. | | | | | | | | |
| ☐ Alterations or Termination | | | | | | | | |
| 1. | h - / | | | | | | | |
| | | terminated at any time for any reason, specifically for reduction in work efficiency | | | | | | |
| | | r inability to maintain job responsibilities. Employee will be given a two week notice if | | | | | | |
| agreement is terminated. | | | | | | | | |
| SIGNATURI | 3 | | | | | | | |
| By signing below, I have read and understand the flexible work policy and the expectations of working | | | | | | | | |
| remotely. | | | | | | | | |
| Employee S | Signature | | Date | | | | | |
| Lilipioyee | ngilature | | Date | | | | | |
| Cuparicar Cianatura | | | Date | | | | | |
| Supervisor Signature | | | Date | | | | | |
| D | + 11aaal aa | | Data | | | | | |
| Department Head or | | Date | | | | | | |
| Dean Signature HR USE ONLY | | | | | | | | |
| HK USE ON | LY | | | | | | | |
| Trial Approval Date | | | | | | | | |
| HR Approve | er | | | | | | | |
| Final Approval Date | | | | | | | | |
| Termination Date | | | | | | | | |
| | | | | | | | | |