

**Notre Dame College
Remote Work Request**

Instructions:

Please **do not include sensitive medical or personal information** in this form. If necessary, Human Resources may request that you send additional documentation directly to them.

Employee	Fill out the fields in Sections 1 – 4 of this form, sign it, save it and email a copy to your supervisor (staff) or division chair (faculty).
Supervisor/Division Chair	Fill out the fields in Section 5 of this form, sign it, save it and email a copy to Human Resources (jwest@ndc.edu)

Section 1 - General Information

Today's Date:	
Employee Name:	
Position:	
Department:	
Office Phone:	
Supervisor's Name:	

Section 2 - Reason for Requesting Remote Work

Accommodations for remote work shall be made on a case-by-case basis. Please check the reason for your request. If necessary, Human Resources may request more information or that you send additional documentation directly to them.

	You are more susceptible to COVID-19 infection.
	You are at higher risk for severe illness from COVID-19 infection.
	You have family members in your household or care who are at higher risk.
	You are experiencing child care issues due to COVID-related school or day care issues.
	Other

Section 3 - Job Responsibilities

Briefly describe your current job responsibilities:

Detail how you are proposing to achieve your current responsibilities via remote work:

List and describe any aspects of your current job that you will not be able to complete remotely:

By what criteria the you will evaluate the achievement of job responsibility in the remote work assignment

Any conditions for this remote work assignment:

Section 6 - Human Resources Review

HR Comments and Recommendations:

Section 7 – Approval

The proposed remote work assignment has been reviewed and approved by the following. Sign in the relevant box.

	Signature	Date
Employee:		
Direct Supervisor/Division Chair:		
Cabinet-Level Supervisor/OAA:		
Human Resources		