

Remote/Hybrid Work Initiation Form

This form is for use by team members to request remote/hybrid work arrangements as well as for use by supervisors or appointing authorities to initiate remote/hybrid work arrangements for team members they supervise. For further information, please see Sections III. A.-B. of the Remote and Hybrid Team Member Policy.

TEAM MEMBER INFORMATION	
NAME (LAST, FIRST)	JOB TITLE
OFFICE PHONE	CELL PHONE
REMOTE WORK LOCATION ADDRESS (STREET, CITY, STATE, ZIP CODE)	SUPERVISOR NAME

REMOTE WORK CONSIDERATIONS
WHAT WORK CHALLENGES MAY EXIST FOR REMOTE WORK?

REMOTE WORK DATES
START DATE END DATE (IF APPLICABLE)

WORK ARRANGEMENT	
REMOTE	<input type="radio"/>
HYBRID	<input type="radio"/>

EXPECTED WORK SCHEDULE						
MON	TUES	WED	THURS	FRI	SAT	SUN
IN OFFICE <input type="radio"/>	IN OFFICE <input type="radio"/>	IN OFFICE <input type="radio"/>	IN OFFICE <input type="radio"/>	IN OFFICE <input type="radio"/>	IN OFFICE <input type="radio"/>	IN OFFICE <input type="radio"/>
REMOTE <input type="radio"/>	REMOTE <input type="radio"/>	REMOTE <input type="radio"/>	REMOTE <input type="radio"/>	REMOTE <input type="radio"/>	REMOTE <input type="radio"/>	REMOTE <input type="radio"/>
START TIME	START TIME	START TIME	START TIME	START TIME	START TIME	START TIME
END TIME	END TIME	END TIME	END TIME	END TIME	END TIME	END TIME

COMMENTS

TECHNOLOGY PROFILES	
Please select the technology profile that best describes the work arrangement sought in this form.	
<input type="radio"/>	Team members who primarily work outside of an office, whether working from home, an alternate location or providing field services.
<input type="radio"/>	Team members who spend a portion of their time working in a state facility or in an office environment and a portion of their time working remotely either on a regular schedule or on an ad-hoc basis. This also includes team members who work in a state facility, but consistently move from one setting to another.

SIGNATURES AND APPROVAL

TEAM MEMBER NAME	TEAM MEMBER SIGNATURE
IMMEDIATE SUPERVISOR NAME	IMMEDIATE SUPERVISOR SIGNATURE
COMMENTS	RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED <input type="checkbox"/>
APPOINTING AUTHORITY OR DESIGNEE NAME	APPOINTING AUTHORITY OR DESIGNEE SIGNATURE
COMMENTS	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>