



REMOTE WORK APPLICATION: _____

Applicable Policy: Remote Work Policy – Resolution:

Directions:

1. Discuss the policy and application with your direct manager to ensure you are familiar with the intent and elements of both
2. Complete all questions, sign/date, and submit the application to HR*

Name			
Job Title		Department	
Manager		Date	/ /

1. Is this a temporary request for remote work? Yes No (Circle One)

a. If No, go to the next question.

b. If Yes, what is the proposed duration of the temporary arrangement?

Start date: _____ End date: _____

2. Is this request based on in whole or part on a short- or long-term health or medical condition? Yes No (Circle One)

a. If Yes, please note that medical documentation will likely be requested by HR to substantiate need for the request. Go to next question.

b. If No, go to next question.

3. What are the specific elements of your remote work request?

a. Rationale for request, including anticipated benefit to your job performance:

b. Proposed start date (Effective date of policy TBD): _____

c. Specific days/hours requesting to work remotely and rationale for those days:

d. Frequency (if other than weekly):

e. Outline your typical week with your remote work request incorporated:

	Mon	Tues	Wed	Thurs	Fri	Sat
Work Schedule Onsite (e.g., your office or any Park location)						
Work Schedule Remote (e.g., home, non- Park location)						

4. Is the equipment (hardware, software, internet connection, etc.) that you have to support remote work Park-issued, yours, or a combination? Please outline what equipment you will be using to enable remote work and note ownership (Park, yours).

5. What equipment would you need to enable remote work that you don't currently have (Park-issued or yours)?

6. Please describe how you plan to ensure success in the following areas:

a. Your individual performance, productivity, and demonstrated flexibility/adaptability

b. Your communication with your supervisor about your work activities

c. Your communication and coordination with your department and immediate colleagues

d. Your support of the broader organization given the nature of your individual job responsibilities (e.g., maintaining availability during core hours, communicating with staff outside of the department, completing deliverables, etc.)

7. Are there any job duties that you cannot perform remotely? Yes No (Circle One)

a. If Yes, what are these and how is this factored in with respect to your request?

8. Do you have dependents living in your home? Yes No (Circle One)

a. If Yes, what are your plans to ensure you have the appropriate caregiving arrangements in place during your requested remote work time?

Application Acknowledgement:

I have discussed remote work/telecommuting with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute in full or part as requested. I have read the remote work policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand remote work carries specific conditions and requirements and can be terminated at any time by the Park or me.

Print Name: _____

Signature: _____

Date: _____