



REMOTE WORK APPLICATION

Please complete in detail, using additional pages if necessary.

Name:

Date:

Department:

Manager:

Position and Title:

Current regular work schedule:

Remote work schedule requested:

Reason for Remote work request:

Description of job duties:

Nature and amount of face-to-face interaction on a regular basis:

Work product generated:

Specific plans for accomplishment of all responsibilities from remote location at same or higher level:

Describe how working remotely will affect your co-workers:

Do you work with any restricted data? (May be confidential, FERPA protected, etc.)

Yes: _____ No: _____

If yes, Employee must describe the data below and sign and review the Information Security Remote Access Service Requirements. Signature of this application designates compliance with this policy.

If working with restricted data, describe here:



Equipment needed:

Equipment you intend to supply:

Secure systems that you will need to access, if any:

I have reviewed and understand Duquesne University Remote Work Policy. I understand and agree that I must sign an approved Remote Work Agreement prior to beginning Remote Work in the event that my application is approved.

Signature of Applicant:

Date:

1. TO BE COMPLETED BY MANAGER AND SENIOR DEPARTMENT HEAD

Application approved:

Application denied:

(If application is denied, send SIGNED application to Human Resources)

Supervisor/Manager Signature:

Date:

Dean/Senior Department Head Signature:

Date:

Cost to the University of Remote Work arrangement (if any): \$

2. TO BE COMPLETED BY VP, PRESIDENT, OR PRESIDENT’S DESIGNEE

Application approved:

Application denied:

(If application is denied, send SIGNED application to Human Resources)

Signature:

Date:

3. TO BE COMPLETED BY HUMAN RESOURCES

Application approved:

Application denied:

Signature:

Date: