

Employee Name: _____ ID No. _____

Department: _____

Current Status: _____ Full-time (FTE = 1.00) _____ Part-time (FTE < 1.00)

Type of Remote Work Proposed (check all that apply)

Partial _____ Proposed Day of Week for Partial Remote Work _____

Start Date _____ End Date (if applicable) _____

Full* _____

Seasonal _____ Proposed Day(s) of Week for Seasonal Remote Work _____

Start Date _____ End Date _____

Expected Impact of Remote Work on Department:

I understand that my eligibility for Remote Work must be established by my supervisor and by Human Resources and that I must meet the "General Expectation and Conditions" as established in the Staff Remote Work Policy. I understand that the Remote Work Policy will be reviewed from time to time and may be amended or discontinued at any time. I understand that no Bryn Mawr employee is entitled to or guaranteed the opportunity to work remotely and that certain categories of positions are ineligible for Remote Work. I further understand that staff who are granted Remote Work privileges must be able to come into work if required by the college. I understand that I will not work from the home address on record with the College.

Employee Signature Date

Supervisor's/Director's Name: _____

Supervisor's/Director's Signature: _____

Division Head Name: _____

Division Head Signature: _____

Human Resources Director Signature: _____

*Currently limited to certain employees in Library and Information Technology Services