**ANNUAL REMOTE WORK REVIEW**

**TO BE COMPLETED BY EMPLOYEE:**

Employee’s Name and Date: Click or tap here to enter text.

Department: Click or tap here to enter text.

Initially Approved for the Following Remote Work Options (indicate all that apply):

Ad Hoc

Regular Remote Work (year-round)

Check Day(s) approved: **M  T W  TH  F**

Regular Remote Work (winter and summer breaks only)

Check Day(s) approved: **M  T  W  TH  F**

Regular Remote Work (academic year only)

Check Day(s) approved: **M  T W  TH  F**

If any aspect of the remote work agreement changed (address of remote work location, set up of remote work location, dates requested, etc.)[[1]](#footnote-1)\*, please provide detailed information here: Click or tap here to enter text.

**TO BE COMPLETED BY SUPERVISOR & REVIEWING OFFICER:**

I approve the continuation of this remote agreement with leave as indicated below:

Ad Hoc

Regular Remote Work (year-round)

Check Day(s) approved: **M  T  W  TH  F**

Regular Remote Work (winter and summer breaks only)

Check Day(s) approved: **M  T  W  TH  F**

Regular Remote Work (academic year only)

Check Day(s) approved: **M  T  W  TH  F**

**OR**

I do not approve the continuation of this remote work agreement

Supervisor’s Signature/Date Click or tap here to enter text.:

I approve the continuation of this remote work agreement

I do not approve the continuation of this remote work agreement

Reviewing Officer’s Signature/Date: Click or tap here to enter text.

**TO BE COMPLETED BY CABINET LEVEL SUPERVISOR:**

Approved:  Not Approved:

Cabinet Level Supervisor Signature/Date: Click or tap here to enter text.

1. [↑](#footnote-ref-1)