**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 approved: **M** [ ]  **T**[ ]  **W** [ ]  **TH** [ ]  **F** [ ]

[ ]  Regular Remote Work (winter and summer breaks only)

 Check Day approved: **M** [ ]  **T** [ ]  **W** [ ]  **TH** [ ]  **F** [ ]

[ ]  Regular Remote Work (academic year only)

Check Day 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 approved: **M** [ ]  **T** [ ]  **W** [ ]  **TH** [ ]  **F** [ ]

[ ]  Regular Remote Work (winter and summer breaks only)

 Check Day approved: **M** [ ]  **T** [ ]  **W** [ ]  **TH** [ ]  **F** [ ]

[ ]  Regular Remote Work (academic year only)

Check Day 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)