

REMOTE WORK AGREEMENT

Remote Work Policy:

https://www.andrews.edu/services/hr/current_employees/handbook/employment.html#42121

Effective date of remote work : _____

Review date after trial period : _____

Name : _____

ID : _____

Department : _____

Reporting to (check and complete one) : ☐ VP of _____

☐ Dean of _____

Regular Employee Classification : ☐ Full-time

☐ Part-time

Remote Work Address : _____

Home Address (if different from Requested Work Address) : _____

Type of Remote Work (check one):

☐ Fully remote

☐ Hybrid – weekly schedule, indicate below which days are worked on campus:

☐ Hybrid – other regularly recurring cycle, describe below:

Provide reasons, explanation, and justification as to why and how this role can be performed remotely:

I have read, understood, and agree with the remote work policy mentioned above. This agreement is subject to termination by the VP/Dean. I also understand that I am required to update my home and work address (<https://www.andrews.edu/go/myaddresses>) within 7 working days of my/any transition.

Remote work cannot commence until all have signed/approved below.

Signed:

_____ Employee	_____ ID #	_____ Date
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As the Supervisor, I understand my responsibility per the policy referenced above and will carry these out per the defined policy.

_____ Supervisor	_____ ID#	_____ Date
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_____ VP/Dean	_____ ID#	_____ Date
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HR Office Only

Approval

Approval is granted for:

- ☐ Remote work – eligible for allowance. Effective date of allowance: _____
- ☐ Remote work – ineligible for allowance
- ☐ Remote work – not approved

Process

- ☐ Decision emailed to department: date _____ by (initial) _____
- ☐ Email sent to payroll for allowance: date _____ by (initial) _____