

Exhibit A - Remote Work Assessment (to be Completed by the Department Chair)

Employee Name: _____

Employee Position: _____

Department: _____

Department Chair Name: _____

Dean Name: _____

Question		Answer
1. Does the employee work in a 12 Month remote eligible position? (i.e. Not a Remote Ineligible Position/Fully On-Campus Position).		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employee a 12 Month remote eligible person (i.e. Not a 12 Month Remote Ineligible Person)?	-	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer "Yes" to the above questions, then complete the Remote Work Arrangement Agreement and submit to the Cabinet member responsible for your Division and Human Resources for approval and signatures.

One or More No's

If you answer "No" to any of the questions above, then the remote work request cannot be approved. Please sign below to indicate that the Remote Work Request has been denied and submit this form to the Cabinet member responsible for your Division and Human Resources.

Department Chair:

Employee

Name: _____

Name: _____

Signed: _____

Signed: _____

Date: _____

Date: _____

Dean:

Name: _____

Signed: _____

Date: _____