

Exhibit A - Remote Work Assessment (to be completed by the Supervisor)

Employee Name: _____

Employee Position: _____

Department: _____

Supervisor Name: _____

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

Supervisor:

Name: _____

Signed: _____

Date: _____

Employee

Name: _____

Signed: _____

Date: _____