

# REMOTE WORK REQUEST FORM

Date \_\_\_\_\_

## EMPLOYEE INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Global ID \_\_\_\_\_

Supervisor \_\_\_\_\_

Department /U \_\_\_\_\_

Current Work Location \_\_\_\_\_

Proposed Alternative Work Location \_\_\_\_\_

NJCU Employee Agreement \_\_\_\_\_

Occupational Number \_\_\_\_\_

Days of Request:  W  R  T  F  M  Tu  W  Th  F

## TERMS

I acknowledge that I have read the Remote Work Policy and agree to abide by the terms of that Policy.

Employee Signature \_\_\_\_\_