

Remote Work Agreement

Employee Name: _____ ID No. _____

Department: _____

Current Status: _____ Full-time (FTE = 1.00) _____ Part-time (FTE < 1.00)

Type of Remote Work Proposed (check all that apply)

Partial _____ Proposed Day of Week for Partial Remote Work _____

Start Date _____ End Date (if applicable) _____

Full* _____

Seasonal _____ Proposed Day(s) of Week for Seasonal Remote Work _____

Start Date _____ End Date _____

Expected Impact of Remote Work on Department:

I understand that my eligibility for Remote Work must be established by my supervisor and by Human Resources and that I must meet the "General Expectation and Conditions" as established in the Staff Remote Work Policy. I understand that the Remote Work Policy will be reviewed from time to time and may be amended or discontinued at any time. I understand that no Bryn Mawr employee is entitled to or guaranteed the opportunity to work remotely and that certain categories of positions are ineligible for Remote Work. I further understand that staff who are granted Remote Work privileges must be able to come into work if requested and Remote Work must occur from the home address on record with the College.

Employee Signature Date

Supervisor's/Director's Name: _____

Supervisor's/Director's Signature: _____

Division Head Name: _____

Division Head Signature: _____

Human Resources Director Signature: _____

*Currently limited to certain employees in Library and Information Technology Services