

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 required by the college. I do not wish to 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