

Employee Name: \_\_\_\_\_ Employee Signature \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Current work schedule/hours: \_\_\_\_\_

\*For eligibility and requirements, please see "Remote Work" policy #CCS383.01 at <https://www.nashuacc.edu/about/hr-employment>

1. Please describe the reason(s) why you are requesting a remote work schedule, with a description of the essential functions of your position and department responsibilities.

2. Please describe the remote work schedule you are requesting and be as specific as possible. (For example, will this be a full-time schedule or hybrid schedule?)

3. Please explain how the requested schedule change (s) will enable you to perform the essential functions of your job and how this will affect your department to support our faculty, staff, and students.

 Suggested Not Suggested

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

 Approved Not Approved

College President/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_