

**TELEWORKING REQUEST– SHRA AND EHRA NON-FACULTY EMPLOYEES**

*All teleworking arrangements with a duration of at least 90 calendar days require completion of this form and pre-approval by HR Employee Relations.*

**EMPLOYEE AND DEPARTMENTAL INFORMATION**

Employee Name:		800 #:	
Job Title:			
<input type="checkbox"/> SHRA Employee	<input type="checkbox"/> Exempt	<input type="checkbox"/> Permanent	
<input type="checkbox"/> EHRA Employee	<input type="checkbox"/> Non-exempt	<input type="checkbox"/> Temporary	
Brief description of employee's principal job duties (or alternatively, attach current job description or work plan):			
Department Name:		Department Number:	
Dept. Contact:		Department Contact Phone #:	
Supervisor Name:		Supervisor Phone #:	
Department's Primary Work Site Location (for employees not teleworking):			

**PROPOSED WORK ARRANGEMENT**

Schedule:	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday				
	HR	MN	am/pm	HR	MN	am/pm	HR	MN	am/pm	HR	MN	am/pm	HR	MN	am/pm	H R	MN	am/pm	HR	MN	am/pm		
On-site	In	:		:		:		:		:		:		:		:		:		:		:	
	Out	:		:		:		:		:		:		:		:		:		:		:	
Off-site	In	:		:		:		:		:		:		:		:		:		:		:	
	Out	:		:		:		:		:		:		:		:		:		:		:	
Start/End Date (if applicable):	Start Date:						End Date:																

Proposed Alternative Work Site Information:

Alternative Work Site Address:			
Alternative Work Site Phone Number:			
All relevant ITS appropriate use and security policies satisfied (For more information, see: <a href="http://legal.uncc.edu/website-use-policies/computing-network-policies">http://legal.uncc.edu/website-use-policies/computing-network-policies</a> <a href="http://itservices.uncc.edu/iso/standard-teleworking">http://itservices.uncc.edu/iso/standard-teleworking</a> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Arrangement is compliant with all HIPAA regulations (For more information, see: <a href="http://research.uncc.edu/departments/office-research-compliance-orc/human-subjects/hipaa-info-forms">http://research.uncc.edu/departments/office-research-compliance-orc/human-subjects/hipaa-info-forms</a> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

List supplies, equipment or services to be provided by the University at teleworking site	
List any supplies, equipment or services at the teleworking site that are deemed the employees responsibility and are not provided at the University's expense	

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Describe how the department will ensure appropriate supervision of the teleworking employee while working at home (e.g., status reports, conference calls, on-site meetings at University facilities, etc.)

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How frequently will the employee have face-to-face interaction with their supervisor at a University office or facility? (e.g., none, once per week, once per month, X number of days per month, etc.)

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**DEPARTMENT AND DIVISION RECOMMENDATION FOR APPROVAL CERTIFICATION**

\_\_\_\_\_  
Name and Title of Employee's Supervisor

\_\_\_\_\_  
Signature of Employee's Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Department Head

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Dean/Vice Chancellor

\_\_\_\_\_  
Signature of Dean/Vice Chancellor

\_\_\_\_\_  
Date

**OFFICE OF HUMAN RESOURCES USE ONLY**

<b>Date Received:</b>		This request has been reviewed and is in compliance with University Policy 101.22.
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<b>Human Resources Consultant:</b>	
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<b>Associate Vice Chancellor of Human Resources:</b>	
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<b>Comments:</b>	
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**Requirements after approval by Human Resources**

Employee must complete and sign the following forms before starting the teleworking arrangement. These forms should not be completed until the Office of Human Resources has approved the proposed arrangement.

[Supplemental Conditions of Employment for Teleworkers](#)

[Remote Workplace Self-Certification Checklist](#)