

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 Requested Remote Work: M T W T F

TERMS

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

Employee Signature _____