



Notice of Intent for Remote Work

Employee's Full Name (please print): _____

Employee's T-Number: _____ Employee's Department: _____

I certify that I have been advised to quarantine or isolated due to the coronavirus pandemic. As such, I request to work remotely for the following time period:

Remote Work Start Date: _____

Remote Work End Date: _____

Pursuant to this approval, I understand:

- I will remain employed and maintain benefits during this time period.
- I will be available via remote access to my supervisor, department, and clients the same as if I was working on campus.
- If I start to feel unwell and require time off work, I will work with Human Resources and their supervisor to have this time requested and approved.

By signing this document, I agree that I have read and understand the above, and I am voluntarily electing to participate.

Employee Signature: _____ Date: _____

☐ I have reviewed and approve this employee's request as stated above.

☐ I have reviewed and deny this employee's request.

Supervisor's Name (please print): _____

Supervisor's Signature: _____ Date: _____

**** Supervisor approval of remote work must come from Director/Department Head level or above. ****

After completion of this form, it should be submitted to the Human Resources department for your file. For any questions, please contact Human Resources at (479) 968-0396 or hr@atu.edu.