**Remote Work Request**

This remote work request form is to be completed for employees requesting temporary remote work arrangement allowed by Montana Board of Regents Policy 715. Prior to submitting this request form, please read and review the [Montana Board of Regents Policy 715](https://mus.edu/borpol/#gsc.tab=0), Great Falls College Policy 403.12 and related procedures 403.13.1.

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| **Part I – Employee Information** | |
| Name: | |
| Department/Unit: | |
| Job Title: | |
| Supervisor: | |
| **Requested Remote Work Arrangement** | |
| Work arrangement:     ​☐​ Hybrid remote work           ​☐​ all off-site remote work | |
| Address of remote work location (street, city, state, zip): | |
| Description of remote work environment (e.g., first floor home office): | |
|  | |
| Requested start date: Click or tap to enter a date. | Requested end date: Click or tap to enter a date. |
| **Details** | |
| Provide a brief statement about why you are requesting remote work. | |
| Describe how you plan to fulfill your work expectations remotely and how your position and job responsibilities are suitable for remote work. | |
| How do you envision you will communicate regularly and maintain presence with your supervisor, colleagues, and your department’s customers/stakeholders (students, staff, faculty, community, etc.)? | |
| Will you have a reliable, working computer and stable internet access at your proposed remote location?  Yes  No | |
| Have you read Montana Board of Regents policy 715?  Yes  No | |
| Have you read Great Falls College’s policy on remote work?  Yes  No | |

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part II – To be completed by Supervisor** |
| **Employee eligibility** |
| Is the employee’s position and job responsibilities suitable for remote work? Why or why not? |
| Do you have any concerns as to whether the employee can effectively perform their responsibilities while working remote? If so, please describe. |
| **Department eligibility** |
| Will your department’s office hours be impacted by this employee’s proposed remote working arrangement? |
| Would any other college employee’s responsibilities or workload be impacted by this employee’s proposed remote working arrangement? |
| What considerations for departments that work with this employee need to be considered for successful remote work? |
| **Equipment** |
| Would the employee require any equipment, software, etc. to perform their responsibilities remotely? If so, please describe. |
| In consultation with the director of information technology, list equipment needs, security concerns and possible solutions to any concerns. |

Do you approve this remote work request?  Yes  No

Comments:

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_