

REMOTE WORK REQUEST FORM

Date

EMPLOYEE INFORMATION

Name

Title

Gothic ID

Supervisor

Department/Unit

Campus Workplace

Proposed Alternate Workplace

NJCU Email Address

Office Phone Number

Day of the Week Requested for Remote Work

M

Tu

W

Th

F

TERMS

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

Employee Signature