



Human Resources
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University Park, IL 60484
708.534.4100
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www.govst.edu/hr

GOVERNORS STATE UNIVERSITY

Employee Remote Work/Alternative Work Schedule Application Form

Name _____ Title _____

Department _____ Supervisor _____

Nature of Request (check all that apply):

- I would like to work remotely ___ days per work week on the following days:

- I would like my regularly scheduled hours to run from _____ a.m./p.m. to
_____ a.m./p.m.
- I would like to work a compressed work week, consisting of _____ hours worked
on the following days: _____
- Other: _____

Effective Date of Above Arrangements: _____

Please describe how you think your job responsibilities are suited for remote work and/or an alternative work schedule:

If your request is to perform remote work, will the work be performed in the State of Illinois?

- Yes
- No, where: _____

EMPLOYEE APPLICANT

I have discussed remote work and/or an alternative work schedule with my supervisor and understand that my application does not guarantee that I will be eligible for such arrangements. I have read the University's Remote Work/Alternative Work Schedule Policy and understand that such arrangements are not an entitlement and that they are not appropriate for every employee. I understand that the above-requested arrangements can be terminated at any time by the University or me. I understand that the University will attempt to provide me up to thirty (30) days' notice of any change to

the above arrangements if granted, but that such notice may not be possible. I understand that, regardless of when or where my work is performed, I am responsible for complying with all applicable laws, regulations, policies, procedures, and practices, including but not limited to the duty to record time worked accurately pursuant to the Illinois State Officials and Employee Ethics Act, 5 ILCS 430/1-1 *et seq.*, and the duty to maintain the confidentiality of University information, including but not limited to the confidentiality of student records pursuant to the Federal Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and other sensitive information such as banking and financial information and personally identifiable information relating to students, employees and other individuals.

Employee Applicant's Signature _____

Date _____

SUPERVISOR

I have discussed the possibility of remote work and/or an alternative work schedule with the above-mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position and recommend that the above arrangements be approved.

Supervisor's Signature _____

Date _____

VICE PRESIDENT

- Approved
- Denied

Reason: _____

VP's Signature _____

Date _____

A COPY OF THIS FORM SHALL BE FILED BY THE EMPLOYEE APPLICANT WITH THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT WHEN COMPLETE AND SHALL BE STORED IN THE EMPLOYEE'S PERSONNEL FILE.