

Mississippi Valley State University
Office of Human Resources
STAFF REQUEST TO WORK REMOTELY

Employee Information

Employee Name _____

Employee ID # _____

Exempt

Non-Exempt

Job Title _____

Department Information

Supervisor Name _____

Supervisor ID# _____

Department _____

Request Details

I am at high risk for COVID-19 due to the following reason(s):

- I am age 65 or older
- I have an underlying medical conditions: *(provide medical statement to Human Resources)*
 - Chronic lung disease or moderate to severe asthma
 - Serious heart condition(s)
 - Immunocompromised
 - Severe obesity (body mass index [BMI] of 40 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
- Other (please explain) _____

Proposed Schedule Details

Proposed Schedule: Week 1			Proposed Schedule: Week 2			Proposed Schedule: Week 3			Proposed Schedule: Week 4		
Days	Date	Total # of Hours	Days	Date	Total # of Hours	Days	Date	Total # of Hours	Days	Date	Total # of Hours
<input type="checkbox"/> Sun			<input type="checkbox"/> Sun			<input type="checkbox"/> Sun			<input type="checkbox"/> Sun		
<input type="checkbox"/> Mon			<input type="checkbox"/> Mon			<input type="checkbox"/> Mon			<input type="checkbox"/> Mon		
<input type="checkbox"/> Tues			<input type="checkbox"/> Tues			<input type="checkbox"/> Tues			<input type="checkbox"/> Tues		
<input type="checkbox"/> Wed			<input type="checkbox"/> Wed			<input type="checkbox"/> Wed			<input type="checkbox"/> Wed		
<input type="checkbox"/> Thurs			<input type="checkbox"/> Thurs			<input type="checkbox"/> Thurs			<input type="checkbox"/> Thurs		
<input type="checkbox"/> Fri			<input type="checkbox"/> Fri			<input type="checkbox"/> Fri			<input type="checkbox"/> Fri		
<input type="checkbox"/> Sat			<input type="checkbox"/> Sat			<input type="checkbox"/> Sat			<input type="checkbox"/> Sat		

*If additional columns are need for Week 5, please complete another form and change the proposed scheduled week to indicate Week 5

Week Beginning _____

Week Ending _____

A Work from Home Request must be submitted every month. Department Head may require the form to be submitted on a weekly or bi-weekly basis.

The following factors have been taken into consideration with this proposal. The following pertains:

Considerations	Result	
This department will continue to be open and operational for 8 hours, Monday through Thursday; and 7 hours on Friday. In instances for shift work, this department will be operational for required hours and time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This employee's "work from home" arrangement will not adversely affect the operations of the department.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The position identified in this request is conducive to a "work from home" arrangement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A plan has been developed to monitor the performance of the employee making this "work from home request". (<i>Attach copy of plan</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The employee has been notified that the department may discontinue, temporarily suspend, or alter the "work from home" arrangement if business needs change, service is impaired, or there is a change in law or university policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The quantity, quality, and timeliness of the employee's work are anticipated to be maintained or enhanced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The "work from home" arrangement will cause need for overtime or additional staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signatures

Employee _____
Date

Supervisor _____
Date

Department Head _____
Date

Area Executive Cabinet Member _____
Date

Human Resources to provide a copy to the Office of the President