



REMOTE WORK REQUEST FORM

Employee Information

Employee Name _____ Banner ID _____
Department _____ Position _____
Remote Work Location Address and City _____
Remote Work State _____ Remote Work Telephone/Cell Phone Number _____
Proposed Start Date (Minimum of 14 days prior to submission of form) _____

Requested Schedule

Day of the Week	Schedule (i.e. 9am-5pm)	Remote Yes or No
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I understand and agree that:

- I have read and will abide by the Youngstown State University (YSU) Remote Work Guidelines.
- I have inspected my proposed remote worksite and accurately completed the Remote Worksite Safety and Productivity Checklist.
- While working remotely I continue to be responsible for following all YSU policies and failure to comply with all YSU policies could result in revocation of remote work approval and/or corrective action up to and including termination.
- I will establish a workspace conducive to productive work and maintain safe work conditions.
- I am solely responsible for ensuring the safety of the remote work site.
- I will maintain accurate time reporting (including entering work time, vacation time, and sick time).
- I will obtain prior written management approval for overtime or any schedule change.
- I will maintain asset, data and information security. This includes, but is not limited to, operating systems, antivirus/antispayware protection, student and employee information, and secured network access.
- I will conduct remote work only at the pre-approved work site.
- I will not permit other persons to utilize the work space during business hours.
- I am liable for any injuries sustained by visitors to my remote work site.
- I will comply with all safety policies and procedures, including immediately reporting injuries sustained during working hours to my supervisor.



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- Any documents or items, including electronic records, created or received by university employees which serve to document the organization, functions, policies, decisions, procedures, operations, or other activities of the university, are subject to disclosure under Ohio public records law, regardless of where they were created.
I am responsible for insuring all equipment, not owned by YSU.
YSU is not responsible for operating costs, home maintenance, property or liability insurance, or other incidental expenses (utilities, cleaning services, etc.) associated with the use of the remote work site and/or employee's residence.
Remote work cannot be used as a substitute for child/dependent care.
Approval and continuation of remote work is not a benefit or guaranteed and that the business needs of YSU take precedent.
I am solely responsible for addressing and resolving any tax consequences associated with remote work.
Any changes to my performance as well as any failure to adhere to expectations set by my supervisor may result in termination of remote work.

Employee Signature and Date _____

Manager Review: [] Approve as requested [] Approve with the following modifications[s]: _____

[] Denial for the following reason[s] _____

Manager Signature and Date _____

Vice-President/Associate Vice-President Review*: [] Approve Manager Determination [] Approve Manager Determination with the following modifications[s] _____

[] Disapprove Manager Decision for the following reason[s] _____

Vice-President/Associate Vice-President Signature and Date _____

*A determination by the Vice-President/Associate Vice-President that the remote work request is denied/not approved is final. Only submit requests that are approved or approved with modification[s] to the CHRO/Designee.

Chief Human Resources Officer, or Designee, Review: [] Implementation Confirmed Start Date _____

[] Implementation suspended/delayed due to the following: _____

Comments/Updates _____

CHRO/Designee Signature and Date _____

A completed EMPLOYEE REMOTE WORKSITE SAFETY & PRODUCTIVITY CHECKLIST must be submitted with all REMOTE WORK REQUESTS.

Original to Personnel File
Copy to Employee
Copy to Department Manager

6.2022



**EMPLOYEE REMOTE WORKSITE SAFETY
& PRODUCTIVITY CHECKLIST**

The following checklist is designed to assess the overall safety and appropriateness of a remote work site. This checklist must be completed and returned with the Remote Work Request Form. The University reserves the right to inspect a remote work location during normal business hours and to terminate or modify a remote work arrangement at any time.

Employee Name (Please Print): _____

- 1. Do you have a designated workspace? YES No
- 2. Is the workspace free from distracting noise and loud equipment or appliances? YES No
- 3. Is the work area neat, clean, and free of clutter and excessive combustibles? YES No
- 4. Is work area well ventilated and adequately heated, and cooled? YES No
- 5. Are phone lines, electrical cords and cables and other items secured to prevent tripping hazards? YES No
- 6. Are floors clear of tripling hazards? YES No
- 7. Is the computer and other electronic equipment plugged into a surge-protected power strip? YES No
- 8. Are walkways, aisles and doorways clear and unobstructed? YES No
- 9. Are there working smoke detectors covering the work site? YES No
- 10. Are work materials, files, data and equipment in a secure place that can be protected from misuse, damage? YES No
- 11. Will University equipment, data and information only be used/accessed by University employee? YES No
- 12. Is the confidentiality and security of University information and the computer system secure? YES No
- 13. Is there a working fire extinguisher located nearby the work site? YES No
- 14. Are first aid supplies readily accessible and adequate? YES No
- 15. Do you have an ergonomically designed desk and chair with adequate desk space? YES No
- 16. Is the lighting adequate for assigned tasks? YES No
- 17. Will you, the employee, be provided with childcare or dependent care during the scheduled workday (excluding rest or meal breaks)? YES No

I have reviewed the remote worksite safety and productivity checklist and inspected my proposed remote work site for compliance with this checklist. I understand that failure to accurately complete this checklist and/or update my responses could result in modification or termination of a remote work arrangement and/or corrective action up to and including termination.

Employee Signature and Date

**MUST BE SUBMITTED TO YOUR MANAGER WITH THE
COMPLETED REMOTE WORK REQUEST AND APPROVAL FORM**