## **Temporary Remote Work Arrangement Form**

Employee Name
Employee ID
Department
Department ( )
Position/Title
Manager/Supervisor Name
Remote Work Duration
Start Date
End Date
Reason for Temporary Remote Work
Remote Work Location Address
Nemote Work Education Address
Job Duties/Responsibilities (During Remote Period)
Employee Confirmation
Employee Signature

Date

Manager/Supervisor Approval		
Name		
Signature		
Date		