

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

**BASIC INFORMATION**

Name: \_\_\_\_\_ eID: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

FLSA Status:    Exempt    Non-exempt

Request for    remote work **and/or**    alternative work

**SECTION 1 - ALTERNATIVE WORK**

Southern Illinois University Edwardsville’s alternative work schedule policy can be found at [siue.edu/hr/faculty-staff/alternate-work-schedule](http://siue.edu/hr/faculty-staff/alternate-work-schedule).

**Subsection A - Schedule Type and Effective Range**

**Schedule Type:**

Variable work schedule for a fixed duration

Compressed workweek

Continuation of alternative work schedule

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Subsection B - Current and Proposed Schedules**

| Current Schedule   |                                                                    | Proposed Schedule  |                                                                    |
|--------------------|--------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|
| Days               | Start and Stop Times<br>(include min. 1/2 hour unpaid meal period) | Days               | Start and Stop Times<br>(include min. 1/2 hour unpaid meal period) |
| Sunday             |                                                                    | Sunday             |                                                                    |
| Monday             |                                                                    | Monday             |                                                                    |
| Tuesday            |                                                                    | Tuesday            |                                                                    |
| Wednesday          |                                                                    | Wednesday          |                                                                    |
| Thursday           |                                                                    | Thursday           |                                                                    |
| Friday             |                                                                    | Friday             |                                                                    |
| Saturday           |                                                                    | Saturday           |                                                                    |
| <b>Total Hours</b> |                                                                    | <b>Total Hours</b> |                                                                    |

Unpaid meal period:    30 minutes    1 hour

**Subsection C - Work Issues to Be Considered**

How will this proposed alternative work schedule sustain or enhance your ability to complete your work responsibilities?

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## **SECTION 2 - REMOTE WORK PROPOSAL**

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Southern Illinois University Edwardsville's remote work policy can be found at [siue.edu/hr/faculty-staff/siue-remote-work-guidelines](https://siue.edu/hr/faculty-staff/siue-remote-work-guidelines).

### **Subsection A - Schedule Details**

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**Note:** If both the alternative and remote work sections are completed, and the remote work has differing effective dates, enter the remote work effective dates below.

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Note:** If both the alternative and remote work sections are completed, and the hours of the remote or on-campus hours match the proposed alternative work schedule, you may leave the "Time" fields blank.

**Working remotely**    full-time **or**    part-time

**Days off-campus:**    M    T    W    R    F    S    S **Time off-campus:** \_\_\_\_\_

**Days on-campus:**    M    T    W    R    F    S    S **Time on-campus:** \_\_\_\_\_

### **Subsection B - Remote Details**

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**Off-campus work location address (if different from current Banner mailing address):**

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| Number | Street | City | State | Postal Code |
|--------|--------|------|-------|-------------|
|--------|--------|------|-------|-------------|

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**Best Contact Phone Number:** \_\_\_\_\_

**List any equipment required for the employee to work remotely, to be provided by the department.**

*No furniture or home office renovations will be provided by the University. Consistent with the University's expectations for information security that pertain to employees working on-site, remote work employees will be expected to ensure the protection of University information accessible from their home office. Steps include, but are not limited to, the use of locked file cabinets, regular password maintenance, the University-issued VPN, and any other steps appropriate for the job and the environment.*

**Explain why this remote work proposal should be approved. Provide details and include any foreseeable challenges and possible solutions.**

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### **SECTION 3 - SIGNATURES**

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I, \_\_\_\_\_, have read, understand, and agree to the alternative work schedule and/or remote work procedures. I understand that it is my responsibility to make my alternative work schedule and/or remote work situation a success, and that my Supervisor, department head, Chancellor/Vice Chancellor, and/or the University has the right to discontinue this schedule at any time. Advance notice will be provided if possible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Sign. Date

I, \_\_\_\_\_, have reviewed this alternative/remote work proposal with the employee, and it is  
approved      denied.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Sign. Date

***Supervisor: How will the on-campus work location maintain coverage during business hours (8:00a - 4:30p, Monday through Friday) if this proposal is fully approved?***

***If the supervisor denies this proposal, provide a response below.***

I, \_\_\_\_\_, and I, \_\_\_\_\_, have reviewed this alternative/remote work proposal with the supervisor, and it is      approved      denied.

***Dean/Director: How will key operations in this employee's area be impacted by this approval? How will the employee's area maintain on-ground operations during normal business hours? Please indicate that your approval includes a review of a comprehensive operations plan for this area.***

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Sign. Date

\_\_\_\_\_  
Chancellor/Vice Chancellor Signature

\_\_\_\_\_  
Sign. Date

***If either the Dean/Director or the Chancellor/Vice Chancellor deny this proposal, provide a response below.***

### **SECTION 4 - HUMAN RESOURCES**

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Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_