

**CITY OF GREEN BAY
Remote Work Request Form**

Employee Name:	
Current Position:	
Start date of Remote Work:	
End date of Remote Work:	
Address of employee, phone number & specific area employee will work from:	

The employee's Remote Work schedule will be:

Remote Working Days:	Mon	Tue	Wed	Thu	Fri
Remote Working Time:	Start Time:		Finish Time:		
Breaks (if applicable):					
Total Remote Working Hours Per Day:					

Will the employee perform the duties of their current position? Yes No
 If no, which duties will the employee perform?

This agreement is subject to the terms and conditions stated in the City of Green Bay Remote Work Policy, a copy of which has already been made available to the employee. I have read and understand both the City of Green Bay Remote Work Policy and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate remote working and it neither constitutes an employment contract nor an amendment to any existing contract. I understand that this agreement may be terminated at any time.

If the reason for the Remote Work request is due to a medical condition, documentation must be attached to this form supporting this request. Furthermore, the employee agrees to operate within any work restrictions they might have as a result of their own medical condition.

Employee Signature: _____ Date: _____

Supervisor approval: _____ Date: _____

HR Director approval: _____ Date: _____