

Request Form: Staff Interim Flexible Schedule/Remote Work (COVID 19)

Non-medical reasons only

Employees: Complete Sections 1 and 2 of this form

Supervisors/Managers: Review the request. If you are recommending approval of this request sign the form and send to your Vice President:

Vice President: Review and if approved sign and return to Supervisor/Manager, if denied or an alternate approach is recommended, state below. Return to Supervisor or Manager

Supervisor/Manager: Provide a copy of the completed form to the requesting staff member, and send a copy to HR for the personnel file.

Section 1: Employee Information

Employee Name _____

Employee ID number _____ Date _____

Position/ Job Title _____

Supervisor/Manager _____

Proposed Effective Date _____

Proposed End Date (end of current term) _____

Section 2: Staff Proposed Work Adjustment

What work accommodation are you requesting?: _____

Why are you making this request? (ex: live with a medically vulnerable person)

Tasks, Goals and Deliverables _____

Employee Signature _____ Date _____

Send completed form to: Human_resources@pacific.edu

Recommendation

Supervisor/Manager _____ Date _____

University Approvals

Vice President/Provost

Date