

# 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.

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### 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](mailto:Human_resources@pacific.edu)

### Recommendation

Supervisor/Manager \_\_\_\_\_ Date \_\_\_\_\_

### University Approvals

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Vice President/Provost

Date