**REMOTE WORK ARRANGEMENT APPLICATION**

This form is to be used for Ad-Hoc Remote Working Arrangement pre-approval. Please ensure all the information is accurate. This application can be submitted to your unit/Department Manager.

**EMPLOYEE DETAILS**

Employee Name: Employee ID:

Job Title: Department/Unit:

**REMOTE WORK ARRANGMENT REQUESTED**

Ad-Hoc

Trial Remote Work Arrangement Start Date:

Trial End Date (maximum until June 3, 2025):

**REMOTE WORK LOCATION AND CONTACT**

Address:

City: Province: Postal Code:

Remote Office Phone Number:

(If different than University-provided phone number)

**EQUIPMENT REQUIREMENTS**

Employee owns an Employee has been pre-approved

Memorial University VPN laptop VPN access to use floater laptops

Employee has been provided an Employee accepts the liability

Memorial University cell phone of using their personal cell phone

**OTHER CONDITIONS AND DETAILS REQUESTED**

(e.g., office space, plan for regular meetings, communication tools, etc.)

**APPROVALS**

I agree to the conditions of this remote work arrangement. I have read and agree to Memorial’s Guidelines for Remote Work Arrangements. This arrangement is subject to modifications or termination as outline in the Guidelines for Remote Work Arrangements.

Employee Signature: Date:

I support this remote work arrangement. I agree to schedule check-in meetings with the employee during this remote work arrangement. This arrangement is subject to modification or termination as outlined in the Guidelines for Remote Work Arrangements.

Supervisor/Manager Signature: Date:

**Application must be submitted to the Office of the COO, Faculty of Medicine medCOOadmin@mun.ca.**