

Remote Work Extension Request for Administrative Professional and Civil Service Appointments

The following documentation outlines the terms and conditions of a remote work assignment and incorporates all parts of Policy 3.1.31 Remote Work Guidelines for Administrative Professional and Civil Service [Appointments](#). This form is specifically for continuation of current remote work agreement (may include slight modifications). New Remote Work Requests should begin on the longer form [PERS 918](#)

Employee _____ UID _____

Employee Title _____

Employee Dept. _____ Employee Email _____

Term

If approved, the requested extension is in effect from _____ to _____ (maximum 12-month period). Any approved request must be reviewed at least annually to ensure that the guidelines for participating in the program indicate continued eligibility and are well understood. A supervisor may elect, or the employee may request to revise or rescind the request when a need arises. In addition, the approved request should be reviewed and revised, if necessary, when there is a change in supervisor, job responsibilities, or change in work circumstances or performance.

Note: In certain instances, temporary schedule adjustments beyond those covered by Policy 3.1.31 may occur because of family/medical leave concerns, emergency situations, etc. Those temporary adjustments and/or changes to schedules and agreements should be documented in accordance with appropriate university policies and procedures.

Policies

The employee agrees to abide by all departmental and University rules and policies, including, but not limited to:

- [Section 1 – Campus Conduct](#)
 - 1.17 Code of Ethics
- [Section 3 – Employee Policies](#)
 - 3.1.31 Remote Work Guidelines for Administrative Professional and Civil Service Appointments
 - 3.1.32 University Property
- [Section 6 – Facilities and Campus Grounds](#)
 - 3.1.38 University Property Control
- [Section 9 – Information Technology](#)
 - 9.2 Policy on Appropriate Use
 - 9.8 Policy on Information Resource Access and Security

All other information from the **Expectations and Limitations, Productivity, Equipment and Expenses, Information Security** and **Safety** sections will remain the same from the original request/agreement.

Modifications to Work Hours/Benefit Usage ONLY.

If all original days/times apply, leave this blank. Only complete if changes from original request

The employee is scheduled to work remotely on the following days:

Original Dates / Times for remote work: _____

Changes to Dates / Times for remote work: _____

Any request to modify the established schedule or use of benefit time (vacation, sick, etc.) must be made consistent with established department policies and procedures. Any activities outside the time of work or outside the place designated for work will be deemed to be during the employee's own personal time and in the employee's own personal space, independent of work activities.

Agreement

Approval of this remote work request extension in no way changes the terms and conditions of employment with Illinois State University and may be amended at any time by the University.

The approval of this request is not a guarantee of employment and can be terminated at any time by either the University or the employee. In the event of a termination of this remote work approval, the employee will be notified in writing. The University will not be held responsible for costs, damages or losses to the employee resulting from termination of the approval.

A copy of this addendum/amendment will be provided to the employee and, if approved, placed in the employee's personnel file.

By signing, I confirm that I have read, understood, and agree to the terms and conditions of this addendum and the policies included in the original documented agreement.

Employee Signature

Date

Employee Name Printed

Approved

Disapproved

Supervisor Signature

Date

Supervisor Name Printed

Approved

Disapproved

Human Resources Signature

Date

HR Name Printed

Approved

Disapproved