**Introduction**The Remote/Hybrid Work Schedule Form is an important tool to define the details of a remote/hybrid work schedule, including specifics about how, where, and when work will be performed. To request a new hybrid/ remote schedule or to make changes to an existing schedule, please download this form, complete it, and provide it to your manager.

**Employee Information:**

|  |  |
| --- | --- |
| Employee Name:Click or tap here to enter text. | Date of Submission:Click or tap here to enter text. |
| Job Title:Click or tap here to enter text. | Proposed Start Date:Click or tap here to enter text. |
| Department:Click or tap here to enter text. | Review Period (if applicable):Click or tap here to enter text. |
| Manager Name:Click or tap here to enter text. | End Date (if applicable):Click or tap here to enter text. |

## Work Schedule and Location Details:

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| --- | --- | --- |
| **Day** | **On-Campus Location Site**  | **Remote Location****Include City, State, and Zip Code** |
| Sunday | Click or tap here to enter text.  | Click or tap here to enter text. |
| Monday |  Click or tap here to enter text. | Click or tap here to enter text. |
| Tuesday |  Click or tap here to enter text. | Click or tap here to enter text. |
| Wednesday |  Click or tap here to enter text. | Click or tap here to enter text. |
| Thursday |  Click or tap here to enter text. | Click or tap here to enter text. |
| Friday |  Click or tap here to enter text. | Click or tap here to enter text. |
| Saturday |  Click or tap here to enter text. | Click or tap here to enter text. |
| Other: [ ]  Full-Time Remote   [ ]  Rotating On-Campus/Remote Schedule: Number of days on campus per week: Click or tap here to enter text.Number of days at remote location per week: Click or tap here to enter text.Remote Location: Click or tap here to enter text. **Include City, State, and Zip Code**  |

**Consideration for Remote/Hybrid Work Schedule -** Please confirm the following:

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| I have reviewed and understand the Remote/Hybrid Work Schedule Guidelines.  | Yes [ ]  |
| I understand that major activities such as full-time dependent care, or intensive work on a personal project, are not permitted while working remotely.  | Yes [ ]  |
| If overtime eligible, I understand that all hours worked must be reported and that overtime requires supervisor pre-approval.  | Yes [ ]  |
| I understand that I must discuss with HR any considerations about working outside of the state of Massachusetts.  | Yes [ ]  |

**Remote/hybrid work schedules are subject to the following conditions:**

* Employee must furnish and maintain a reasonable remote worksite where they are able to work without interruption, work in a safe manner, employ appropriate security and confidentiality measures for university files and information, comply with all other UMass Lowell policies and conduct rules, and is expected to perform normal work responsibilities and duties as would take place while working on campus.
* All University-owned equipment is to be maintained properly and used for job-related activities.
* Employee must obtain and maintain reliable internet connectivity at their own expense. This is not reimbursable by the university.
* Employees are responsible for any and all utilities and costs associated with working from a remote location.
* Employee is expected to work the regularly scheduled work week and work hours (unless an alternate schedule is approved and documented by the employee’s manager) and to accurately report work hours and paid leave time taken.
* Employee agrees to be fully available and responsive to internal and external constituents, including students, co-workers, and supervisors while working remotely. Employee must be actively attending to work duties and responsibilities and be reachable by e-mail, web conferencing, or phone during scheduled work hours.
* In the event that an employee, who is scheduled to work remotely, is unable to do so due to a technical issue (e.g., temporary loss of home Internet access), or the lack of availability of suitable remote working location, or some other reason that prevents the employee from effectively teleworking on that day, employee must consult with their supervisor and plan to either work on-site or take paid leave for that day.
* Employee must report on-site when directed to do so by their supervisor to attend in-person meetings, in- person training, etc., or for reasons that the supervisor determines are required based on the operational needs of the department. Reasonable notice will be provided to the employee when an adjustment to their alternate work schedule is required.

**Review of Remote/Hybrid Work Schedule:** Periodic reviews of the remote/hybrid schedule relating to an employee's work performance shall be conducted by the supervisor and/or manager. If at any time the university deems that this arrangement does not meet the current needs of the university or it interferes with or detracts from the delivery of services provided, or the day-to-day operation of the department, the university, where applicable, may terminate the arrangement with fourteen (14) days’ notice in writing to the employee. The employee, where applicable, will return to working onsite when notified to do so.

The employee understands that living and/or working outside of the Commonwealth of Massachusetts under an Alternate Work Schedule may have tax implications, and that the employee is responsible for appropriately addressing those implications. The employee understands it is not the responsibility of UMass Lowell to provide tax advice.

**Employee Acknowledgement:**

**I affirm that I have read and fully understand this Remote/Hybrid Work Schedule conditions stated in this form, and I will abide by all its terms and conditions.**

Employee Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

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| **University Decision** |
| Following consultation with Human Resources:[ ]  **Approved**[ ]  **Denied** (Reason(s) for Denial):Click or tap here to enter text. Manager Signature: Click or tap here to enter text.Date: Click or tap here to enter text.Area Dean/Vice Chancellor/Designee Signature: Click or tap here to enter text. Date:Click or tap here to enter text.**Once “Approved” or “Denied”, please forward the completed and signed form to: remotehybridform@uml.edu** |