

1. Verify your information at the top of the form is accurate. If your Approver 1 or Approver 2 area is blank, this may be because there is no one seated in that position at this time. If Approver 1 or 2 is blank, the system will continue to route your form.
2. Enter the number of hours you plan to work each day on-site and/or remotely.

| Work Schedule Assigned or Requested | Enter # of Hours Regularly Scheduled Each Work Day | | | | | | |
|-------------------------------------|--|-----|-----|-----|-----|-----|-----|
| | Sun | Mon | Tue | Wed | Thr | Fri | Sat |
| On-Site Work | 0 | 8 | 0 | 8 | 0 | 8 | 0 |
| Remote Work | 0 | 0 | 8 | 0 | 8 | 0 | 0 |

3. If you need to describe your working arrangement in more detail, you may enter those details in the following boxes:

Please provide a description of the arrangement you are requesting: Please list any additional schedule details below (i.e. remote work days are not fixed or are not recurring each week or if schedule does not align with regular business hours)

On-Site Details
Detail

Remote Details
Detail

4. Choose the type of Arrangement Requested:

Type of Arrangement Requested: *

- Flexible Schedule Only (On-campus work performed with adjustments to weekly work schedule AND/OR start/end times)
- Remote Work-Hybrid (Perform a portion of assigned work from a location other than designated university duty station)
- Remote Work-Hybrid AND Flexible Schedule (combination of flexible schedule and remote hybrid work)
- Remote Work-Full Time (perform 100% of duties from a location other than designated university duty station)
- Remote Work-Full Time AND Flexible Schedule (combination of flexible schedule and fully remote work)

****Please note: 100% remote arrangements must complete Section IV: Exceptions to Flexible Work Arrangements Policy.**

5. If you are performing duties 100% remotely, you must enter your remote work location. If this is your home address, enter your home address.

| | | |
|----------------------|------------------|-----------------------------|
| Remote Work Location | 123 My Home Lane | My Home City |
| | Address Line2 | State: North Carolina 12345 |
| | Address Line3 | County |

If you are working 100% remotely outside of the state of NC, you must contact the Tax Compliance Office.

6. Enter start/end (if applicable) date of this arrangement

| | | | | |
|------------|----------|-------------------------|--------------------------|----------------|
| Start Date | 6/2/2022 | End Date(if temporary): | Click to select End date | Clear End Date |
|------------|----------|-------------------------|--------------------------|----------------|

7. If you are using any university-owned property at your remote work location, please list it below.

Check all University-owned property that will be used at the remote work Location and include other relevant details (Serial Numbers, Brand/Model, etc.) or limitations.

Click on the ">" to the left of the Check Box to enter any detail information.

| Check | Item Description | Serial Number | Brand | Model |
|----------------------------|--------------------|----------------|------------------|---------------|
| > <input type="checkbox"/> | Cables (Number of) | Enter Serial # | Enter Brand Name | Enter Model # |
| > <input type="checkbox"/> | Camera | Enter Serial # | Enter Brand Name | Enter Model # |
| > <input type="checkbox"/> | Desktop Computer | Enter Serial # | Enter Brand Name | Enter Model # |
| > <input type="checkbox"/> | Docking Station | Enter Serial # | Enter Brand Name | Enter Model # |
| > <input type="checkbox"/> | Fax Machine | Enter Serial # | Enter Brand Name | Enter Model # |

8. Any exceptions to the current Policy should be entered here (if applicable)

IV. Exceptions to Flexible Work Arrangements Policy (If Applicable)

Flexible Work Arrangements proposing full-time remote work, remote work outside of a "reasonable commuting distance" of the designated on-campus duty station, and/or remote work outside of the State of North Carolina are subject to approval by the respective Vice Chancellors and the Office of Human Resources and require a justification to be included in this section.

9. Click to review the Terms & Conditions/Safety Information Checklist. These items are mandatory and you will not be able to submit your form without reviewing this information.

[Terms & Conditions / Safety Information](#)

10. Navigate through the Terms & Conditions pages by clicking [Next](#). Then review all of the safety information provided and place a check in each box to acknowledge each statement.

11. Once all boxes have been checked, you can click to [Submit & Accept Terms/Safety](#)

12. Once all required fields on this form are complete, you will be able to click [Save & Submit Data](#) (If this box is grayed out, you have missed a required field. Please go back and review)

13. Your form will now route through the approval/review process. You will receive an email notification each time an approval is complete. Once HR has reviewed your form, the status will be updated to 'Completed'.