

LSU Health New Orleans
REMOTE WORK AGREEMENT

In accordance with CM-73 – Remote Work Policy, Eligible Employees may request approval to work remotely for up to three days each week. This form must be completed and fully approved before any remote work is initiated.

Employee Name: _____

LSUHSC ID Number: _____

Department: _____

Title: _____

Remote Work Mailing Address: _____

Remote Work / Mobile Phone: _____

Remote Work Arrangement

New Request	Renewal / Modification

Start Date	End Date (Max 6 months)

Usual Remote Work Days (max 3):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Start Time	End Time

Employee: _____

I have read and agree to comply with all components and responsibilities of CM-73 and further acknowledge that this agreement can be terminated or revoked at any time.

Signature

Date

Supervisor: _____

I have reviewed this employee's job description and certify that there is sufficient volume of work that can be accomplished successfully in a remote work environment. I have reviewed this employee's performance and certify their demonstrated performance makes them eligible for remote work privileges.

Signature

Date

Unit / Department Head (if applicable): _____

Signature

Date

Dean/Vice Chancellor: _____

Signature

Date