

Faculty Request to Temporarily Work Remotely

Please note the following:

- The University recognizes that there may be extraordinary circumstances that necessitate a faculty member fulfilling responsibilities remotely for a short time in order to maintain continuity for students during the course of the semester and/or academic year.
- This form establishes an objective process to review requests to temporarily work remotely due to extraordinary circumstances.
- Truman is not an online campus and faculty are expected to fulfill their duties in-person on the Truman campus unless specifically hired to work remotely. Even if faculty currently teach one or all of their courses online, the expectation is that faculty will mostly be on campus to perform duties such as service to the University, holding office hours, advising students, and attending departmental meetings.
- In order to receive permission to temporarily work remotely for more than five weekdays, this form must be submitted at least 30 days prior to the requested remote work date and ultimately be approved by academic affairs leadership. When a return date is unknown, requests must be made for each semester. Emergencies are handled on a case by case basis. This form is not needed for faculty attending virtual meetings or events.
- This form is not intended for illnesses, injuries, or other circumstances that require remote work for one week or less.
- Do not use this form to request leave under the Family Medical Leave Act (FMLA) or an Americans with Disabilities Act (ADA) accommodation. Contact the Office of Human Resources before submitting this form if you have any questions.

Request Date:

Department:

Name:

Cell Phone:

Date Remote Work to Begin:

Date to Return to Campus:

City/State Where Remote Work Will Be Performed:

Will you have access to high speed internet?

Current Course Schedule:

Course Prefix	Course Number	Course Title	CH	Meeting Day/Time

Reason for requesting to temporarily work remotely:

My own medical reason (not covered by the ADA)

Due to a medical issue of a Parent Spouse Child

Family/Personal Emergency

Other (Provide Brief Explanation):

Attach the following information to this request:

- 1) Justification for your request
- 2) Plans for modifying each course not already offered online
- 3) Plan to cover office hours and other university commitments while working remotely

Note: While you do not need to share specific medical or other personal information with your chair, dean or the Provost, you must provide documentation in support of your request to Human Resources. This information will remain confidential.

I understand that submitting this request does not guarantee that I will be approved to work remotely. By signing below, I am certifying that all information provided on this form and all documentation provided is truthful and accurate to my knowledge.

Signature _____ Date _____

DEPARTMENT CHAIR Recommend _____ Do Not Recommend _____

Reason:

Signature _____ Date _____

DEAN Recommend _____ Do Not Recommend _____

Reason:

Signature _____ Date _____

STATE AUTHORIZATION COORDINATOR Recommend _____ Do Not Recommend _____

(If working from location other than Missouri)

Reason:

Signature _____ Date _____

HUMAN RESOURCES

Recommend _____

Do Not Recommend _____

Reason:

Signature _____ Date _____

PROVOST

Approved _____

Not Approved _____

Reason:

Signature _____ Date _____