



BOLES ISD 2020-2021
REQUEST TO TEMPORARILY WORK FROM HOME DUE TO COVID-19

Name _____ Employee ID _____
Position _____ Department/campus _____
Supervisor _____ Date of Request _____

An alternative work arrangement (i.e., working remotely and/or schedule change) may not be suitable for all positions or individuals. This tool is to be completed by the supervisor and will be used to determine if an alternative work arrangement is a viable option. An alternative work arrangement is a privilege, not a right. The final decision to approve a request will be based on the district's needs, employee's performance, and supervisor input. Any alternative work arrangement must be approved by Human Resources.

Proposed alternative work arrangement: ☐ Remote work ☐ Flexible schedule arrangement

Remote Work Location: ☐ Employee's residence ☐ Other: _____

Address: _____

Contact Phone Number: _____

Identify district-issued technology needed to work remotely (e.g., computer, peripherals, phone, remote-access capability):

Employee Responsibilities

I understand that I am requesting to work from home due to one of the following reasons below. I also understand that a committee will review my request and will determine if I qualify to work from home. Furthermore, I understand that in order for my request to be considered, I must hold a position whose duties and responsibilities can be fulfilled by working remotely from home.

I am requesting to be considered for approval to work remotely from home due to the following: (Please check the one that applies to you below. Explain or attach the required documentation.)

___ 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

(Please attach an official copy of the order related to COVID-19. If an order is not attached to this request, The request will NOT be considered.)

___ 2. I have been advised by a health care provider to self-quarantine for reasons related to COVID-19.

(Please attach a copy of the physician's note /certification stating the reason why you must self-quarantine. If a physician's note/certification is not attached to this request, it will NOT be considered.)

___ 3. I am experiencing COVID-19 symptoms and am currently seeking a medical diagnosis.

When did the symptoms begin? _____
Please explain below and attach official supporting documentation related to the condition that you are experiencing: _____



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___ 4. I am caring for an immediate family member who is subject to an order described in (1) or self-quarantine as described in (2).

(Please attach an official copy of the order or physician note/certification as stated in 1 and 2 Above.)

___ 5. I am caring for my own child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.
Which is the school or place of care for your child(ren) that is closed? _____

(Please attach proof that the school or place of care is closed)

___ 6. I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services. In consultation with Secretaries of Labor and Treasury.

(Please explain below and attach official supporting documentation related to the condition that you are Experiencing.) _____

Required Expectations

- All job responsibilities and conditions of employment apply as if the employee were working at the designated primary worksite.
- Employees will comply with District's policy and procedures that would be in effect as if the employee were working at the designated primary worksite.
- Employees must notify their supervisor immediately of any situation that interferes with their ability to perform their job duties as expected during normal working hours.
- Work developed and produced during remote work away from the primary worksite remains the property of the District.
- Employees must certify that the remote work environment is safe and the same safety habits that are used at a District site will be practiced when working remotely.
- Failure to follow policies, procedures, and practices may result in this request being denied immediately and disciplinary action may be taken.
- Employees are required to complete and submit "Remote Work Log" sheets weekly to immediate supervisor as well as continue web-time entry practices as required.

Please make a copy of this form for your records before submitting it to the Department of Human Recourses.

Supervisor Recommendation:

- ☐ A current job description is attached.
- ☐ The position/employee is suitable for an alternative work arrangement.
- ☐ After reviewing the needs of the department and district, the request cannot be approved.

Comments:



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Acknowledgements

This request has been discussed with me by my supervisor.

Employee signature

Date

Supervisor signature

Date

Human Resources Response

- ☐ Request for alternative work arrangement is approved.
- ☐ Job description has been updated to include remote work criteria (attached).
- ☐ Request is denied.

Comments: _____

Signature

Date