

Work from Home Form

Employee Plan to Voluntarily Work from Home

This plan is intended to accompany the **Public Health/State of Emergency Situation Voluntary Work from Home Request and Agreement** Form. A form submitted without a written plan, which should include the recommendation of the direct supervisor, cannot be considered. Submit this plan with your form.

Answer the fundamental question, "Will you be able to perform the duties and responsibilities of your position from home?" Your plan should address the Key Considerations from the Guidelines.

PLAN OUTLINE

Insert your written plan here. Be concise. Use the space on this page. If an additional page is needed, you may continue your plan on a second page (still using this template). Try to keep your plan to 400 words or less.

Employee Name:

Direct Supervisor:

Employee Signature

Date

Supervisor Signature

Date

OFFICIAL USE ONLY

Supervisor's Recommendation:

Recommend

Not Recommend

Campus Executive:

Chancellor

VCAA

VCSA

VCA

SUPERVISOR SUBMITS THIS COMPLETED TEMPLATE AND FORM TO THE APPROPRIATE EXECUTIVE FOR APPROVAL.