

Temporary Remote Work Request – COVID-19

Due to the current COVID-19 (coronavirus) outbreak, WNC will consider continuing temporary remote work on a case-by-case and voluntary basis. Remote work may be available to those whose job duties are conducive to remote work *and* who are considered high risk, who live with or care for someone who is considered high risk, or who care for a child whose school or place of care is closed (or child care provider is unavailable).

Some WNC positions require the employee to be in the workplace and some departments require staff on campus for normal operations and the delivery of quality instruction. Additionally, remote work is not appropriate for every employee based on individual performance and specific circumstances.

Remote work arrangements are expected to be temporary and employees may be required to return to the workplace at any time.

WNC HR will keep all employee medical information confidential. Please do not share detailed health information with your supervisor or coworkers. Information on this form will be used solely for administrative and operational purposes.

Employee Information

First and Last Name: _____ Employee ID: _____

Department: _____ Title: _____

I certify that I fall into one of the following categories:

- ☐ 1. I am considered high risk because of age, health condition(s), or other criteria as stated by the CDC
- ☐ 2. I live with or care for someone who is considered high risk because of age, health condition(s), or other criteria as stated by the CDC
- ☐ 3. I provide care for a child (biological, adopted, foster, stepchild, a legal ward, or in loco parentis) whose school or place of care is closed (or child care provider is unavailable)

Anticipated date childcare will be available (Required): _____



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WNC does not discriminate on the basis of race, color, national origin, sex, disability, age, gender identity or expression, sexual-orientation, protected veteran status, genetics, or religion in its programs and activities and provides equal access to facilities to all. Inquiries concerning the application of non-discrimination policies may be referred to Title IX coordinator: (775) 445-3219, Western Nevada College, 2201 West College Parkway, Carson City, NV 89703. For further information on notice of non-discrimination, visit <http://wdcrobotp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481. (Rev 09/16)

Acknowledgements

Please check **all** the following acknowledgements.

By submitting this request, I understand that:

- ☐ I may be required to submit supporting documentation
- ☐ The remote work arrangement is temporary and applies only through the Fall 2020 semester (categories 1 and 2), until child care becomes available (category 3), or until an earlier date as specified in the supervisor comments
- ☐ I will not receive additional compensation for remote work
- ☐ All temporary remote work will be considered on a case-by-case basis and approval or denial of other requests will not be the basis for a determination on my temporary remote work request
- ☐ WNC may end the temporary remote work arrangement at any time, and for any reason, with little to no notice (courses moved online because of a temporary remote work arrangement will not be transitioned on campus)
- ☐ I must be able to remotely perform all essential activities for my position
- ☐ I will work with my supervisor and department to determine a temporary remote work arrangement which is effective for the operations of the department and the delivery of quality instruction
- ☐ If an effective remote work arrangement cannot be determined or agreed upon, I may not be approved for temporary remote work
- ☐ I understand that my request for temporary remote work does not guarantee that I will be eligible and approved to work remotely
- ☐ I understand that temporary remote work is not an entitlement and that it is not appropriate for every position or every employee
- ☐ If approved, I agree to maintain the highest standards of safeguarding WNC, employee, and student information and material
- ☐ I have read the [remote work information](#)

Employee Signature

Date



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Supervisor's Review

- ☐ The employee's position is conducive to remote work, we have determined an arrangement which is effective for the operations of the department and delivery of quality instruction, and I recommend approval of temporary remote work based on the job responsibilities and the employee's job performance.
- ☐ I do not recommend approval of temporary remote work.

Comments (Required if not recommending approval):

Supervisor Signature

Date

Director: ☐ Recommended ☐ Not Recommended

Comments (Required if not recommending approval):

Director Signature

Date

Executive: ☐ Recommended ☐ Not Recommended

Comments (Required if not recommending approval):

Executive Signature

Date

HR Director/Assistant Director Signature

Date

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