

ALTERNATIVE WORK ARRANGEMENT CASEworks (Telecommuting) Eligibility Worksheet

Note: To be considered for participation in the CASEworks Telecommuting Alternative Work Arrangement, Individual must have been employed at CASE for at least 90 days (have successfully completed their new hire or transfer orientation period), had a performance level of "meets standards" or better on the employee last annual performance review and not currently be in Positive Corrective Action.

Employee Name:	Job Title:		
Department:	Supervisor:		
Job responsibilities/tasks that can be acc (Attach additional sheet if necessary)	omplished at alterna	ative location:	
Accommodations/tools: (Attach additional sheet if necessary)			
Laptop and/or other computer available for use at alternative location	Required	O Yes	🗘 No
High Speed Internet Access	Required	C Yes	🔿 No
VPN Software	Required	O Yes	🔿 No
	Required	🔿 Yes	🗘 No
	Required	🔿 Yes	🔿 No
	Required	O Yes	🔿 No

	pecial Considerational sheet if neces			
		-	pervisor is to notify De	epartment Director/Chair/VP of
C On occassion	or for special proje	cts		
Weekly:				
🗖 Monday	🗖 Tuesday	Wednesday	🗖 Thursday	🗖 Friday
Other:				

Employee has had an opportunity to discuss CASEworks telecommuting eligibility, responsibilities and options with their supervisor/ manager and has agreed to the CASEworks telecommuting schedule indicated above. Any requests for changes to this schedule, whether permanent or temporary, must be approved by the employee's supervisor/ manager. In addition, the employee has read and agreed to the CASEworks Telecommuting Work Agreement and has attached the signed CASEworks Telecommuting Alternative Work Arrangement to the document.

Employee Signature	Date

Manager has had an opportunity to discuss CASEworks telecommuting eligibility, responsibilities and options with employee and has agreed to the CASEworks telecommuting schedule indicated above. Any permanent changes to this worksheet must be submitted to the Department Director/Chair and/or the department Vice Presidents.

Supervisor Signature	Date

Department Director/Chair/VP	Date

Employee Relations	Date