

HYBRID REMOTE EXCEPTION STAFF PROPOSAL

Please save a copy of this form in your records as Hybrid
ExceptionProposal_LastName_FirstName_OPRNumber, i.e. "Hybrid Exception
Proposal_Doe_Jane_55555"

RETURN A COMPLETED FORM TO: Hybrid@case.edu

Full Name of Unit/Department:	
Unit/Department OPR#:	
Name of Unit Leader/Supervisor:	
Unit Leader/Supervisor Email:	
Unit Leader/Supervisor Phone:	
Subject of Request (Staff Person's Name)	

Seeking the following exception: More than 2-days remote, specify number:

- Fully Remote
 Out of State

Proposed Effective Date: _____

Briefly describe the staff person's duties and responsibilities:

Please indicate which group(s) this staff person regularly serves (check all that apply):

- Faculty
- Staff
- Undergraduate Students
- Graduate Students
- Professional Students
- Alumni
- Other (community members, government officials, university friends and supporters)

Is this staff person's interactions with people outside the department primarily:

- In person
- Not in person (*e.g., via phone, zoom, email*)
- A fairly equal mix

How will the proposed exception affect continuity of services throughout your unit's normal hours of operation (*e.g., considering the proposed exception, will your department have on-campus coverage each day of the business week*)?

Please explain the exceptional and unique circumstances related to this request and describe how you propose to ensure that this staff member's Fully Remote Work arrangement will not compromise the University's overall research and academic excellence, its diversity, equity and inclusion and its community engagement.

Is this staff person on a visa?

- Yes
- No

Please identify all university property that the department will provide to allow for the proposed work arrangement. If none, please indicate "N/A."

Supervisor Certifications

Certification	Initials
<p>I certify that the listed staff member is eligible to work remotely under the Hybrid Remote and Fully Remote Work Program (<i>i.e.</i>, successful completion of orientation/duties allow for remote work, performance meets expectations in most recent review/not under Positive Corrective Action).</p> <p>Note: After this is submitted, if the employee becomes ineligible (either due to a below successful review or a PCA), the supervisor is responsible for withdrawing the arrangement and must email hybrid@case.edu within one business day</p>	
<p>I certify that it is my understanding that the listed staff member will be working (check all that applies):</p> <p><input type="checkbox"/> _____ remote-days per week</p>	

<input type="checkbox"/> Fully remote within the state of Ohio	
I certify that as the supervisor, I attended or watched the webinar regarding the Hybrid Remote Work and Fully Remote Work Program.	

The supervisor is responsible for securing the two signatures listed below before submitting this proposal.

Approval by Supervisor

Unit/Department Supervisor Signature	Date

Unit/Department Supervisor Printed Name	

Approval by Dean/VP

Dean/VP Signature	Date

Dean/VP Printed Name	