



## REMOTE WORK ARRANGEMENT APPLICATION

This form is to be used for Ad-Hoc Remote Working Arrangement pre-approval. Please ensure all the information is accurate. This application should be reviewed and approved by your Unit/Department Manager.

### EMPLOYEE DETAILS

Employee Name:

Employee ID:

Job Title:

Department/Unit:

### REMOTE WORK ARRANGMENT REQUESTED

Ad-Hoc

Trial Remote Work Arrangement Start Date:

Trial End Date (maximum until August 25, 2023):

### REMOTE WORK LOCATION AND CONTACT

Address:

City:

Province:

Postal Code:

Remote Office Phone Number:

(If different than University-provided phone number)

### EQUIPMENT REQUIREMENTS

Employee owns an  
Memorial University VPN laptop

Employee has been pre-approved  
VPN access to use floater laptops

Employee has been provided an  
Memorial University cell phone

Employee accepts the liability  
of using their personal cell phone

### OTHER CONDITIONS AND DETAILS REQUESTED

(e.g., office space, plan for regular meetings, communication tools, etc.)

**APPROVALS**

I agree to the conditions of this remote work arrangement. I have read and agree to Memorial’s Guidelines for Remote Work Arrangements. This arrangement is subject to modifications or termination as outline in the Guidelines for Remote Work Arrangements.

Employee Signature:

Date:

I support this remote work arrangement. I agree to schedule check-in meetings with the employee during this remote work arrangement. This arrangement is subject to modification or termination as outlined in the Guidelines for Remote Work Arrangements.

Supervisor/Manger Signature:

Date:

**Application must be submitted to the Office of the COO, Faculty of Medicine [medCOOadmin@mun.ca](mailto:medCOOadmin@mun.ca).**