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| **State of South Dakota Remote Work Request** |
| **EMPLOYEE SECTION** |
| *Instructions:*   * Complete the Employee’s Section if you wish to request a remote work arrangement. * Complete the State of South Dakota Remote Work Office Safety Checklist form * Submit both completed forms to your supervisor. * Your supervisor will notify you of the decision (or status of the decision) within four weeks. |
| **Name: Classification or job title:**  **Employee number** (the number used for TKS): **Position number** (if known):  **Requested remote work office address:**  *Physical Address*  *City State Zip*  Is the requested remote work office in a **home residence**? Yes No NOTICE: Please complete the Remote Work Office Safety Checklist.  **Requested work schedule:**   * Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday   **Hours** on remote work days when I will be working and available to my supervisors and coworkers: to  **Email** I can be reached at during remote work hours:  **Telephone number(s)** I can be reached at during remote work hours:  *Mobile Landline*  **The advantages of this remote work arrangement to both me and my agency are:**  **Acknowledgement:**  I understand approval or denial of this request is at my agency’s discretion and is not an appealable decision.  I understand that if I am approved for a remote work arrangement, I will be required to sign a written agreement that identifies the specific provisions of the remote work arrangement and that violation of any provision of the agreement and state policies may result in immediate termination of the arrangement and disciplinary action.    Employee Signature Date |

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| **SUPERVISOR SECTION** |
| *Instructions:*   * Ensure the Employee Section and the State of South Dakota Remote Work Office Safety Checklist are completed. * Recommend approval or denial and provide comments regarding your recommendation. * Forward this form to management within two weeks. * Notify the employee of the decision upon notification from Human Resources. |
| **Recommendation:**   * **Approve** * **Deny Comments:**     Supervisor Signature Date |
| **MANAGEMENT SECTION** |
| *Instructions:*   * Indicate agreement with the determination. * Obtain agency secretary/commissioner approval. * Forward this form to Human Resources within two weeks. |
| * **Approve** * **Deny**     Division Director Signature Date    Agency Secretary/Commissioner Date |
| **HUMAN RESOURCES SECTION** |
| *Instructions:*   * Review and authorize the supervisor to notify the employee of the decision. * Place a copy of this form in the employee file and the position file. |
| * Supervisor notified of decision     Human Resource Manager Signature Date |