**CHASS Departmental Request Form for Remote Work Approval**

**This form should be completed by departments requesting for approval for an employee to work fully/100% remotely and/or outside of North Carolina either temporarily or permanently per** [**REG 05.55.11**](https://policies.ncsu.edu/regulation/reg-05-55-11/)**. This form should be completed for the following cases:**

-an employee/position will work in a 100% remote capacity at any location other than the position’s assigned work location; and/or

-an employee/position will work outside of North Carolina for more than 30 days; and/or

-an employee/position will work outside of North Carolina for a majority of their work schedule (ex. 3 days in South Carolina and 2 days in North Carolina) The Department Head or Unit Leader must sign at the bottom of the form.

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| **Employee and Job Information** | | | |
| First Name | Enter first name | Department | Select department from dropdown |
| Last Name | Enter last name | Employee ID # | Enter ID # if current or former employee |
| Position Type | Select position type from dropdown | Position # (if applicable) and Working Title | Enter Position Number and Working Title |

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| **Summary of Job Responsibilities** (2-3 sentences that summarize the primary purpose of the job) |
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| **Justification** What is the business reason for this remote work request? Is there an operational need for the position/employee to be working in this remote location? Please include any information about the department, position, customer base, etc. that would be important. |
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| **If the request requires in person classes to be converted to online, has the department received Provost’s Office and Registrations and Records approval to do so?**  *If not, please consult with CHASS Academic and Faculty Affairs regarding next steps before submitting this form.* |
| Yes |

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| **Off-Site Work Location** (Address, City, State, Zip) |
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| **Select the option below that best describes this work location** |
| Home  NC State Office/Facility  Non NC State Office/Facility  Other, please describe: |

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| **What is the funding source for this position? (especially noting if it is state (NC) funding/dollars)** |
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| **Date employee will begin working off-site (if approved) and type of off-site work arrangement** |
| Date:  Temporary/defined period of time, please describe time period:  Indefinite/ongoing |

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| Department Head or Unit Leader Signature |  | Date |  |

**Notice to requesting department regarding potential financial costs:** There may be costs associated with the analysis and implementation of out-of-state and out-of-country employment arrangements including consultation with contracted services to analyze the regulatory compliance of each proposed arrangement, tax/financial compliance and obligations, and potentially engagement with professional employer organizations (PEOs) in some cases. If costs are identified, UHR will notify the requestor of the potential costs; and the costs incurred will be the responsibility of the requesting department/program.

**Sign, date, and upload the completed form to a CPAWS request.**

\*HRC should notify Assistant Dean of HR of any remote work request prior to submitting to Dean and UHR for approval.