

**Town of Lexington
Remote Work Application & Agreement**

This form must be completed for remote work requests and will serve as the agreement between the employee and the Town once approved.

The first three sections are to be completed by the employee. Section IV is for the department director or division head to complete and Section V is for the Town Manager to complete.

Section I: Employee Information

Name:	
Department/Division:	
Direct Supervisor:	
Union (is applicable):	
Date of Request:	

Section II: Remote Work Information:

This Agreement Will Run:	Start Date:	End Date:
Reason for Remote Work Request:		
Normal Work Schedule:		
Remote Work Schedule:		
How Will You Report Your Time?		
Designate Work Location:		

Remote Work Equipment:

Equipment	Employee Notes	Department Director Notes
<input type="checkbox"/> Computer/ <input type="checkbox"/> Laptop		
<input type="checkbox"/> Monitor		
<input type="checkbox"/> Printer		
<input type="checkbox"/> Phone		
<input type="checkbox"/> Other:		

Required software/systems:

	Employee Notes	Department Director Notes
<input type="checkbox"/> VPN		
<input type="checkbox"/> MUNIS		
<input type="checkbox"/> Other:		

Remote Work Plan:

Work you will perform while working remote (use area below or attach work plan) and how it will be quantified:

Review Schedule:

Please include dates of review, as applicable, (as part of application process) and notes (to be completed at later date. Notes should be sent to HR to be included with original application) from that review.

Period of Review	Insert Date	Period of Review	Insert Date
After 15 Days		After 210 Days	
After 30 Days		After 240 Days	
After 90 Days		After 270 Days	
After 120 Days		After 300 Days	
After 150 Days		After 330 Days	
After 180 Days		After 360 Days	

Review of Expenses for remote work and funding sources:

Item	Cost	Funding Source

Section V: Town Manager Approval:

I have reviewed the application and recommendation of the Department Director or Division head and:		
<input type="checkbox"/> Approve this application as presented	<input type="checkbox"/> Approve this application with the modifications outlined below	<input type="checkbox"/> Deny this application for the reasons outlined below
Modifications/Comments:		
Signature:	Print Name:	Date:

If approved, please forward a copy to:

- Applicant
- Department Director or Division Head
- Original application to Human Resources (for inclusion in the employees personnel file)
- IT Department

If denied, please forward a copy to:

- Applicant
- Department Director or Division Head
- Original application to Human Resources