



Augustana College Hybrid Work Agreement Request Form

Employees interested in a hybrid work arrangement may complete this request form to initiate a review and approval process. The information and process outlined in this document is intended to ensure both the supervisor and employee have a clear, shared understanding of the criteria to be considered and, if approved, the terms of any hybrid work arrangement. Hybrid work is a voluntary work arrangement between the employee and Augustana College. Each arrangement is unique and will depend on the needs of the employee, supervisor, position, department, and the college. Any approved hybrid work arrangement does not alter the at-will nature of the employment relationship with Augustana.

EMPLOYEE INFORMATION

| | | | |
|------------------|--|------------|--|
| Employee Name: | | | |
| Employee ID: | | Job Title: | |
| Date of Hire: | | Department | |
| Supervisor Name: | | | |

STEP 1: EMPLOYEE REQUEST (to be completed by Employee)

Please indicate your requested hybrid work schedule and describe how you believe your job duties are suited for working in a hybrid arrangement:

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| | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Have you reviewed the hybrid work arrangements for Administration and Staff policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Do you have an off-campus work location that is safe, secure, and ergonomically suitable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Have you read the ITS Remote Work Data Security Guidelines and Tips and taken appropriate steps to meet cyber security requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



| | | | |
|---|--|------------------------------|-----------------------------|
| 4 | Do you understand that you will need to follow all college policies regarding recording time worked, meal/break periods, and time-off request procedures while working remotely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|--|------------------------------|-----------------------------|

STEP 2: SUPERVISORY REVIEW (to be completed by requesting employee’s supervisor)

Please answer the assessment questions below to determine suitability of the position and employee for hybrid work.

Position Suitability

| | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Would work off-campus for 1-2 days per week cause a disruption or otherwise negatively impact the performance or service required of the position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Does the position require daily access to equipment, materials and files that can only be accessed on campus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Does the position require daily face-to-face contact with students, supervisors, other employees or the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Does the position require significant time daily in face-to-face meetings or on collaborative efforts within the department or with other departments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Does the position have job duties that require presence on campus or at a facility work location to complete those job duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any “yes” answer requires additional consideration as to how these aspects of the position might be handled in a hybrid work situation; it is possible that yes answers may prevent or limit eligibility for hybrid work.

Supervisor Notes/Comments:



Employee Suitability

| | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Has the employee completed at least 3 months of employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Is the employee's work performance satisfactory or higher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Does the employee possess appropriate time management and organizational skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Does the employee have the necessary computer skills to complete their required job functions outside of the office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Does the employee understand their role and expectations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Is the employee able to initiate tasks on their own and considered to be a self-starter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Does the employee consistently meet deadlines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any "no" answer requires additional consideration and may prevent or limit eligibility for hybrid work.

Supervisor Notes/Comments:

Supervisor Summary

Based on the responses to the assessment questions, do you recommend this position and person be considered for a hybrid work arrangement? Yes No

If no, then the employee should be informed that their request is denied and the reasons for the denial. This request form along with the supervisory assessment and reasons for denial will be retained in the employee's file. Disagreements related to hybrid work requests or requests for reconsideration may be reviewed by the next level manager and human resource department.

If yes, please proceed to Step 3 below.



STEP 3: EMPLOYEE AND SUPERVISOR MEET JOINTLY TO REVIEW REQUEST

Use the conversation guide to help determine best practices or approaches to ensure success in the hybrid work arrangement.

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|--|--|
| How will work assignments, goals and priorities be established and work reviewed? | |
| How will appropriate two-way communication between employee and supervisor on hybrid days be achieved? | |
| How will any hybrid work arrangement be shared with co-workers, department or other relevant community members? | |
| How will team collaboration issues such as regularly scheduled meetings, document sharing or other collaboration be addressed? | |
| How will hours worked be tracked and recorded? | |
| Are there any on-campus tasks that will need to be reassigned equitably to team members on hybrid remote days? | |
| How will any emergent need for staff coverage or other operational requirements that require changes or flexibility in hybrid arrangements be addressed? | |
| Is there any support, training or system/technology access needed for remote collaboration, information or meeting participation? | |
| Other: | |



STEP 4: FINALIZE HYBRID WORK ARRANGEMENT DETAILS (to be completed by Supervisor)

Is a hybrid work arrangement approved for this employee? Yes No

Date hybrid work arrangement will begin: _____

Date of hybrid work arrangement checkpoint: _____

Note: These checkpoints provide opportunities to meet and assess how a hybrid work arrangement is working and whether any adjustments might need to be considered. While these checkpoints are scheduled on a periodic basis, at any time, either an employee or a supervisor can and should address any questions or concerns regarding a hybrid work arrangement or any other work concern.

After these initial checkpoints, hybrid work agreements should be reviewed at least annually. Modifications to the agreement should be documented and reviewed by the employee and supervisor. All employee-proposed changes to an existing agreement are subject to supervisor review and approval. Substantial modifications should be documented through a revised agreement. Either the employee or the college may end the hybrid work arrangement.

Please indicate planned hybrid work days below and provide a typical work schedule with an understanding that schedule variations will occur.

| Day of the Week | Typical Work Hours |
|-----------------|--------------------|
| Sunday | |
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |



SIGNATURES (to be completed by Employee and Supervisor)

Please completed and signed copy of this agreement to the Human Resources department at humanresources@augustana.edu.

My supervisor and I have discussed and developed agreements to support the success of the approved hybrid work arrangement, as outlined in this document.

Employee Name

Employee Signature

Date

Agreed to by:

Supervisor Signature

Date