

DEPARTMENT HYBRID - REMOTE WORK PROPOSAL

Please save a copy of this form in your records as Department Hybrid Proposal_OPRNumber, i.e. "Department Hybrid Proposal_55555"

RETURN A COMPLETED FORM TO: Hybrid@case.edu

Full Name of Unit/Department	
Unit/Department OPR #	
Name of Unit Leader/Supervisor	
Unit Leader/Supervisor Email	
Unit Leader/Supervisor Phone	

This is a New Department Request
 Revised Department Request (*e.g., adding a staff member not previously participating, adding a new position not previously approved, changing number of days from 1 day to 2 days a week*)

Please indicate department arrangements and changes by completing the Department Staff Hybrid Work Schedules Excel Sheet (including the entire department including those previously approved and vacant positions).

This request should begin After orientation ends _____
 Upon approval from the Staff Hybrid Work Committee

Briefly describe what this unit does including the group(s)/constituents your unit serves (i.e. students, faculty, alumni, etc.):

Please briefly explain how the proposed hybrid arrangement will provide continuity of in-person services throughout your unit's normal hours of operation (i.e., *how will your department provide on campus coverage all five days of the week?*)

Are any employees who will be working a hybrid schedule at the university on a visa?

- Yes (please identify all employees below)
 No

Empl. Name	Emp. ID	Title	Date of Hire

Does this proposal include any Exception Requests to allow staff to work remotely more than 2 days per week or fully remotely? Yes _____ No _____

If Yes, then please complete the Hybrid Remote Exception Staff Proposal Form found on the [HR website](#).

Identify all university property staff will utilize while working remotely. If none, indicate "N/A."

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Supervisor Certifications

Certification Statement	Initials
<p>I certify that each staff member is eligible to work remotely under Human Resources' guidelines (<i>i.e.</i>, performance meets expectations in most recent review/not under Positive Corrective Action/ successful completion of orientation). Note: After this is submitted, if the employee becomes ineligible, the supervisor is responsible for withdrawing the hybrid arrangement and emailing hybrid@case.edu</p>	
<p>I certify that each participating staff member is regularly scheduled to work remotely two (2) days or less per week unless a request for exception has been approved through the Staff Hybrid Remote and Fully Remote Work Program.</p>	
<p>I certify that it is my understanding that each staff member will be working remotely within the state of Ohio unless an exception request for work outside Ohio has been submitted</p>	

and out-of-state remote work has been approved by the Hybrid Committee.	
I have familiarized myself with the data privacy and security requirements and expectations for my unit's operations and have shared such information with staff performing remote work so that they understand their individual responsibilities for protecting the privacy and security of university data, records and other information.	
I certify that as the supervisor, I watched the online training regarding staff hybrid work.	
I certify that all participating staff members in my unit have completed the individual staff certification regarding viewing of the online training for staff hybrid work.	
I certify that I, as the supervisor for this unit, submitted the Departmental Metrics Form.	
I understand that unit operations should run relatively the same whether in-person or remote, including completing tasks, answering calls and emails, attending meetings, etc.	

NOTE: METRICS ARE DUE YEARLY BY SEPTEMBER 30TH OF EACH YEAR UNTIL FURTHER NOTICE. PLEASE SUBMIT TO HYBRID@CASE.EDU.

The supervisor is responsible for securing the two signatures listed below before submitting this proposal.

Approval by Supervisor

_____ Unit/Department Supervisor Signature	_____ Date
_____ Unit/Department Supervisor Printed Name	

Approval by Dean/VP

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Dean/VP Signature	Date
<hr/>	
Dean/VP Printed Name	

Save the document by Department Hybrid Proposal_OPR Number and email along with the Department Staff Hybrid Work Schedules Excel Sheet to Hybrid@case.edu. Please do not submit scanned documents.