



HARTNELL COLLEGE

## CLASSIFIED EMPLOYEE REQUEST FOR HYBRID WORK

Name:	
Job Title:	
Department:	
Supervisor:	
Date of Request:	

**If you are requesting this as part of an accommodation or medical leave, please contact our Benefits Analyst, Alma Arriaga before submitting this form.**

- ☐ In accordance with Article 27, I am requesting hybrid schedule to work remotely for **no more** than 40% of my assigned work week. (i.e. 40 hour work week, 16 hours telework)

Please use the table below to specify your hybrid schedule:

Hybrid Work Schedule							
Day of Week	Workday		Meal Period		Location(s)	Total Daily Hybrid Hours	Additional Information
	Start Time	End Time	Start Time	End Time			
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Effective Start Date: \_\_\_\_\_

Effective End Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

- ☐ Approved by Supervisor  
☐ Denied by Supervisor

Reason for denial:

\_\_\_\_\_  
\_\_\_\_\_

***If requested schedule is not approved by supervisor, please forward form to the Vice President of Human Resources and CSEA President for further review.***



## CLASSIFIED EMPLOYEE REQUEST FOR HYBRID WORK

- ☐ In accordance with Article 27, I am requesting full remote work schedule to work remotely for more than 40% of my assigned work week. (i.e. 40 hour work week, 30 hours telework)

Please use the table below to specify your remote schedule:

Remote Work Schedule							
Day of Week	Workday		Meal Period		Location(s)	Total Daily Hybrid Hours	Additional Information
	Start Time	End Time	Start Time	End Time			
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Information regarding request for full remote work schedule:

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Effective Start Date: \_\_\_\_\_

Effective End Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

- ☐ Approved by Supervisor  
☐ Denied by Supervisor

If denied, reason for denial:

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\_\_\_\_\_  
Vice President of Human Resources Signature

- ☐ Approved by VP of HR  
☐ Denied by VP HR

If denied, reason for denial:

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***If requested schedule is not approved by supervisor, please forward form to the Vice President of Human Resources and CSEA President for further review.***