Remote Location Work Arrangement Renewal Introduction

Employee Name: _______________________________________

Department:___________________________________

End date of Remote Location Work Arrangement currently in effect:___________________________

Proposed new end date:________________________________

Is this Employee's Remote Work Location within Pennsylvania?________________________________

If “yes” than you may complete this renewal without consultation with Human Resources.

If this Employee’s Remote Work Location is outside of Pennsylvania, please contact the Employee Relations section of Human Resources before completing the next page.

Please identify the state or country:

_________________________________________

Please see the next page for the Renewal form.
Remote Location Work Arrangement Renewal

(Name)__________________________________________has been working in his/her capacity as
(Title)_________________________________________ for (Department)________________________________
at (Address)________________________________________ since (Date)________________________________

This arrangement has been successful and is hereby renewed until the new end date of __________________________

Changes in the arrangement, if any, are as follows: (if no changes, please indicate “none”). Attach an additional page if necessary.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

All terms of the initial Remote Location Agreement and any changes indicated above remain in effect until the new end date.

This arrangement remains subject to cancellation as set forth in the initial Remote Location Agreement.

Employee’s signature:________________________________________________________
Date:________________________

Supervisor’s approval:
Name and Signature:________________________________________________________
Date:________________________

Responsibility Center approval:
Name and signature:________________________________________________________
Date:________________________

Human Resources (if outside of PA) approval:
Name and signature:________________________________________________________
Date:________________________