





I have read, understood, and agree with the remote work policy mentioned above. This agreement is subject to termination by the VP/Dean. I also understand that I am required to update my home and work address (<https://www.andrews.edu/go/myaddresses>) within 7 working days of my/any transition.

Remote work cannot commence until all have signed/approved below.

Signed:

_____	_____	_____
Employee	ID #	Date

As the Supervisor, I understand my responsibility per the policy referenced above and will carry these out per the defined policy.

_____	_____	_____
Supervisor	ID#	Date

_____	_____	_____
VP/Dean	ID#	Date

HR Office Only

Approval

Approval is granted for: