



Staff Members Requesting a Remote Work Arrangement

Name: _____

Department: _____

Date: _____

Please complete this form prior to meeting with your manager.

Does this exception request comply with RISD's philosophy and division plans related to remote work?

Yes

No

If yes, please describe:

Please describe how the proposed remote work arrangement contributes to and supports RISD's strategic plan.

Please describe how the remote work will impact the operational needs and services provided by the department and on the quality and consistency of service to students, campus partners and other constituencies.