



# COVID-19 Work from Home Authorization Form

This document is intended to ensure that both the supervisor and the employee have a clear, shared understanding of the employee’s Work from Home arrangement during the COVID-19 pandemic. Work from Home is intended for the following reasons:

- Care for minor children whose child care or school is temporarily closed
- Employees who are self-isolating

This Work from Home agreement is not a contract of employment and does not provide any contractual rights to continued employment. It does not alter or supersede the terms of the existing employment relationship.

## Employee Work from Home Information

Employee Name:	
Department:	
Employee ID:	
Reason for request:	
Planned work location:	
Work from Home effective dates:	

## Work Hours and Location

Normal business hours and single location above is expected. If there is an exception, document below.

Day of Week

Work Hours

Work Location

Day of Week	Work Hours	Work Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Supervisors will assign work to be accomplished during this period, and employees will provide regular written updates on progress.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and send it to your supervisor with a copy to Human Resources, [WorkfromHomeCOVID-19@lsuhsc.edu](mailto:WorkfromHomeCOVID-19@lsuhsc.edu).

Submission of this form does not constitute an approval. Work from Home is not approved until the signed form has been returned by the supervisor.