



Nichols College

## Remote Application Form

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**Please describe how you think your job responsibilities are suited for remote work:**

**Location of off-campus Worksite:**

\_\_\_\_\_

**Please indicate which days work for your remote work request. Rank your preferences appropriately:**

\_\_\_ Monday

\_\_\_ Wednesday

\_\_\_ Thursday

\_\_\_ Friday

Signature \_\_\_\_\_ Date \_\_\_\_\_