

# NIH Remote Work Application

Applicant Name (last, first):

Status

Series/Grade

FT

PT

IC/Division/Office/Branch

Duration of Request

Short-term (less than 6  
months)

Long-term (6 months or more)

Supervisor Signature

Date

Approve

Deny

**To be Completed by Supervisor:**

Please write explanation to support request and include why it is important to retain employee.

Division/Office Director Signature

Date

Approve

Deny

## EMPLOYEE INFORMATION (Completed by the Employee)

Dates / Duration of  
Remote Work Request

*If a hardship request, please  
briefly describe hardship  
(note: additional  
documentation may be  
required)*

<b>Is this position considered mission critical?</b>	Yes No	<b>Are you a Project Manager or Project Lead?</b>	Yes No
<b>Can the position duties be done remotely?</b>	Yes No	<b>Are you currently responsible for delivering in-person training or presentations</b>	Yes No
<b>Do you meet any IC/Office minimum PMAP criteria for eligibility?</b>	Yes No N/A		
<b>Will return travel be required?</b>	Yes No	If yes, how often?	
<b>Will there be a time zone difference?</b>	Yes No	If yes, how will this be managed in conjunction with current hours of operation?	

**Please write explanation for the remote work request:**

## **EMPLOYEE INFORMATION Cont.** (Completed by the Employee)

**1a) How will you fulfill your daily responsibilities as a remote worker? How will you ensure milestones and accomplishments are being met as a remote worker?**

**1b) *If you are a Project Manager or Project Lead:* How will you direct your team from a remote location? How will you track and assess the work of the individual team members?**

**2) How will you remain engaged with the Division/Branch/Team as a remote worker?**

**3) How will you remain accountable for your work *and* ensure your Supervisor remains knowledge about your work activities?**

