



Are any employees who will be working a hybrid schedule at the university on a visa?
 Yes (please identify all employees below)
 No

Empl. Name	Emp. ID	Title	Date of Hire

Does this proposal include any Exception Requests to allow staff to work remotely more than 2 days per week or fully remotely? Yes _____ No _____
 If Yes, then please complete the Hybrid Remote Exception Staff Proposal Form found on the [HR website](#).

Identify all university property staff will utilize while working remotely. If none, indicate "N/A."

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<p>I certify that each staff member is eligible to work remotely under Human Resources' guidelines (performance meets expectations in most recent review/not under Positive Corrective Action/ successful completion of orientation). Note: After this is submitted, if the employee becomes ineligible, the supervisor is responsible for withdrawing the hybrid arrangement and emailing hybrid@case.edu</p>	
<p>I certify that each participating staff member is regularly scheduled to work remotely two (2) days or less per week unless a request for exception has been approved through the Staff Hybrid Remote and Fully Remote Work Program.</p>	
<p>I certify that it is my understanding that each staff member will be working remotely within the state of Ohio unless an exception request for work outside Ohio has been submitted</p>	



and out-of-state remote work has been approved by the Hybrid Committee.	
I have familiarized myself with the data privacy and security requirements and expectations for my unit's operations and have shared such information with staff performing remote work so that they understand their individual responsibilities for protecting the privacy and security of university data, records and other information.	
I certify that as the supervisor, I watched the online training regarding staff hybrid work.	
I certify that all participating staff members in my unit have completed the individual staff certification regarding viewing of the online training for staff hybrid work.	
I certify that I, as the supervisor for this unit, submitted the Departmental Metrics Form.	
I understand that unit operations should run relatively the same whether in-person or remote, including completing tasks, answering calls and emails, attending meetings, etc.	

NOTE: METRICS ARE DUE YEARLY BY SEPTEMBER 30TH OF EACH YEAR UNTIL FURTHER NOTICE. PLEASE SUBMIT TO HYBRID@CASE.EDU.

_____	_____
Unit/Department Supervisor Signature	Date

Unit/Department Supervisor Printed Name	

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Dean/VP Signature	Date
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Dean/VP Printed Name	
