



Remote Work Quarterly Status Report

Reporting Information

Reporting Quarter: Q1 Q2 Q3 Q4

Reporting Period: _____

Date Submitted: _____

Supervisor Name: _____

Title: _____

Department/Unit: _____

Vice President/Senior Executive: _____

SECTION I – Supervisor Certification and Training Compliance

I certify that all remote work arrangements under my supervision were approved in accordance with University policy.

I have completed the mandatory remote work management training required by the University.

Date Training Completed: _____

I confirm that each remote work arrangement supports the operational needs of the unit and the mission of the University.

SECTION II – Remote Employee Summary

Employee Name	Position Title	Approved Remote Work Schedule	Total Approved Remote Days (Quarter)	Remote Days Utilized (Quarter)	Variance (if any)
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(Attach additional pages if necessary.)

SECTION III – Performance & Engagement Monitoring (Complete for Each Remote Employee)

Employee Name: _____

1. Please describe the methods used to measure employee performance while remote working.

(Example: Number of applications processed, reconciliations completed, help tickets responded to, etc.)

2. Please describe the methods used to measure employee engagement while remote working.

(Example: Assessment of response time to internal inquiries, availability at office phone number, tracking of turnaround time for approvals, etc.)

3. Supervisor Assessment – Performance:

Exceeds Expectations Meets Expectations Needs Improvement

(Please identify specific performance metrics that were assessed and measured during the quarter.)

Comments:

4. Supervisor Assessment – Engagement:

Highly Engaged Satisfactorily Engaged Engagement Concerns

Comments:

5. Operational Effectiveness Impact:

Yes No

(Please identify specific ways in which the employees remote work either did, or did not, improve the operational effectiveness of your unit.)

SECTION IV – Operational Overview (Unit-Level Assessment)

1. Has remote work within your unit affected service levels, productivity, compliance, or internal controls?

No Yes (Explain)

2. Are any modifications to current remote work arrangements recommended?

No Yes (Explain)

3. Do all current remote work arrangements remain operationally justified?

Yes No (Explain)

SECTION V – Documentation Availability

I confirm that supporting documentation (e.g., attendance logs, work output metrics, performance evaluations, communication records, or other operational data) is maintained and available upon request.

SECTION VI – Supervisor Certification

I certify that the information contained in this report is accurate and that all remote work arrangements under my supervision:

- Have been appropriately monitored;
- Continue to support operational needs;
- Align with University policies;

- Support institutional effectiveness.

Supervisor Signature: _____

Date: _____

SECTION VII – Vice President / Senior Executive Review & Certification

I certify that the remote work arrangements described herein are appropriately monitored, operationally justified, and consistent with institutional effectiveness.

I request additional information (specify below).

Comments:

Vice President / Senior Executive Name: _____

Signature: _____