

# City of New Orleans Remote Work Request Form

*Revised to align with CAO Policy Memorandum No. 147(R) (Issued January 28, 2026)*

## A. Parties

This Remote Work Authorization (“Agreement”) is between the City of New Orleans, represented by \_\_\_\_\_ (“Department”), and \_\_\_\_\_ (“Employee”).

## B. Conditions

This Agreement is not an employment contract and does not alter the employment status of Employee or any condition of employment, and as such cannot be appealed under the Civil Service rules. This agreement is governed by the termination language found within City of New Orleans Remote Work Policy as outlined in CAO Policy Memorandum No. 147(R). This Agreement may be changed or terminated at any time.

This Remote Work Authorization of time-limited Remote Work is solely for the specific date(s) stated in Section C. Remote Work is on-site by default and is permitted only when approved pursuant to this Agreement.

All Remote Work requests executed prior to January 28, 2026, are no longer in effect as of January 28, 2026. The City may modify or terminate this Agreement at any time in its discretion, consistent with the Remote Work Policy.

## C. Approved Term, Dates, and Type of Remote Work

Approved Remote Work Dates (specific dates required in MM/DD/YYYY format):

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Number of Remote Workdays Approved: \_\_\_\_\_

Consecutive Remote Workdays: \_\_\_\_\_

This Agreement expires automatically at the end of the approved date(s) and does not authorize any regular or recurring remote schedule beyond the dates authorized for remote work.

Type of Remote Work (check one):

- Situational Remote Work (advance approval under Remote Work Policy)
- Emergency Remote Work (retrospective authorization under Remote Work Policy)

If Emergency Remote Work is selected, complete the following (as applicable):

Category (check one):  Property Emergency  Medical Emergency  Family Emergency

Supervisor notified on: \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

Remote Work Request Form submitted retroactively on: \_\_\_\_\_ (date) (within two (2) Business Days or as soon as practicable)

#### **D. Basis for Approval (Policy-Limited Categories)**

Select the applicable basis for the remote work request (check at least one):

- Temporary inability to access an assigned City worksite due to City-directed relocation, building maintenance, or infrastructure disruption.
- Short-term, workday-specific need to remain at a residence for an essential utility service repair affecting habitability (e.g., loss of water/electricity, HVAC repair).
- Time-limited interim arrangement during the interactive process for disability-related accommodation, pending a formal determination by Human Resources (see Section J).
- City-directed continuity-of-operations need requiring off-site work for a defined period (e.g., cybersecurity incident response from a secured alternative location).
- Pre-identified public health isolation requirement (e.g., communicable disease isolation).
- Emergency Remote Work (Property/Medical/Family Emergency) (see Section C).

Additional explanation (optional):

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#### **E. Remote Work Location and Hours**

Assigned City Worksite (principal work location for non-Remote Work):

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Remote Work Location Address: \_\_\_\_\_

Employee's Remote Work Hours on approved dates: \_\_\_\_\_ to \_\_\_\_\_ (must match normal duty hours unless separately approved)

Any deviation from approved hours or location requires supervisor approval.

In the event the City's work site is closed due to weather or other emergency, Employee must continue working from his/her remote work office unless otherwise instructed by his/her supervisor.

## F. Specific Job Tasks

Key work items to be completed during approved remote work dates (attach additional page if needed):

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If checked, remote work is limited to the following specific tasks, projects, or types of work as described below:

If checked additional requirements for remote work, such as submission of daily work logs, are required as described below:

## G. Communication and Accessibility

To maintain close communication and standards of professionalism while working from a remote work office, Employee shall:

- Notify his/her supervisor and coworkers (if applicable) of any change in the normal remote work schedule.
- Be available to supervisor and coworkers by telephone and email during the normal remote work schedule.
- Return calls and emails in a timely manner.

## H. Equipment and Expenses

Any equipment provided by the City must be properly inventoried and listed in this Agreement, and this Agreement must be updated if equipment is returned or if new equipment is assigned. Employee is required to return any city property upon request or when this Agreement ends. Employee must schedule installation of all City-owned equipment with the Office of Information Technology and Innovation (ITI). Employee may not install or download any software on City-owned equipment without approval. If new software is required for remote working, it will be provided by the City. By signing this agreement, Employee acknowledges and agrees that

Employee will not purchase or rent equipment, services, or supplies with the assumption that the City will reimburse the costs. Prior approval for all reimbursements must be obtained.

Equipment Description	Inventory or Serial Number

### **I. Documentation and Confidentiality**

Where documentation is necessary to support authorization, Human Resources may request limited documentation sufficient to confirm the existence of the qualifying circumstance and the dates affected. Documentation shall be handled as confidential personnel information and shall not require disclosure of detailed medical records or diagnosis information unless required by law.

Examples of supporting documentation (if requested) may include: (a) utility service appointment confirmation; (b) notice of public health isolation requirement; (c) brief verification of an emergency circumstance. Submission of documentation does not, by itself, create an approval.

### **J. Disability-Related Accommodation (Interim Remote Work Only)**

If the basis for remote work is an interim arrangement during the disability-related accommodation interactive process, the request shall be coordinated with Human Resources and any designated review process (e.g., an interdepartmental review panel) before the remote work authorization becomes effective. This Agreement documents interim situational remote work only and does not serve as a final reasonable-accommodation determination.

### **K. Records, Audit, and Department Reporting**

A copy of this Agreement and any attachments shall be provided to the Employee and placed in the Employee's personnel file.

Directors shall maintain a log of approved Situational Remote Work and Emergency Remote Work authorizations, including dates and approval bases, and shall provide such records to the Chief Administrative Office upon request and in accordance with the City's Remote Work Policy.

## L. Agreement

Each signature below is required, or this Agreement shall not be valid or in effect. The employee must sign the Agreement first, then each management representative in the approval path must sign in order, and the approval process shall cease if any approval signature is not provided. A copy of this Agreement and any addenda or amendments shall be provided to Employee and placed in Employee's personnel file.

**Employee:** By signing, Employee acknowledges that he/she has read, understood, and agreed to the terms and conditions of this Agreement and will comply with the City's Remote Work Policy. Employee understands that remote work is not an employee right or benefit, and as such, the City may change or cancel this Agreement at any time, at the City's sole discretion. Employee understands that he/she is expected to comply with all city and agency policies and procedures, rules and regulations, and all state and federal laws while he/she is remote working, in the same manner as if Employee was not remote working.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Position Number: \_\_\_\_\_

**Supervisor:** By signing this statement, the Supervisor confirms review for operational feasibility and recommended disposition.

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Recommend Approval    Recommend Denial    Recommend Modification

**Director:** By signing, the Director approves, modifies, or denies the request consistent with the Remote Work Policy.

Director Name: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Approved    Denied    Modified

If Modified is checked, describe modification:

\_\_\_\_\_  
\_\_\_\_\_

**Chief Administrative Officer (CAO) Waiver (required only if request exceeds Policy limits or otherwise requires CAO approval):**

CAO Name: \_\_\_\_\_ Date: \_\_\_\_\_

CAO Signature: \_\_\_\_\_

Waiver Approved    Waiver Denied

If waiver approved, specify scope and reason:

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