

# Ready to Work Form

**Ready to Work:** In the event that teammates are able and available to work, but due to emergent situations such as their regular workplace being inaccessible and no remote work options available, they may be placed on a paid ready to work status as appropriate and approved by the State Personnel Director.

Agency Director's or Agency Business Partners please complete this form and return it to [DAS.ClassandComp@nebraska.gov](mailto:DAS.ClassandComp@nebraska.gov) for processing. Once submitted, DAS will review the form, and if approved, you will receive the appropriate approval notification.

**Agency Name:**

**Location:**

**Address of building** (please include city):

**Agency Contact Name:**

**Agency Contact Email:**

**Agency Contact Phone number:**

**Reason for request:**

**Affected Teammates, Group, or Classification (If group or classification, supporting specific teammate information should be submitted within 7 days):**

**Start Date:**

**Anticipate End Date:**

*End date may be approximate however please notify the State Personnel office of the official date once determined*