



Human Resource Services

TELECOMMUTING REQUEST FORM

Employees who wish to telecommute must complete and submit this form to his/her supervisor for requisite approvals prior to telecommuting. The supervisor agrees to monitor the employee's performance and adhere to established guidelines and work standards.

| | | | |
|---------------------------------|--|--------------------------|----------------|
| Employee name (print): | | | |
| Position title: | | | Classified |
| | | | Non-classified |
| Division/Department: | | | |
| Primary work physical address: | | | |
| Primary work schedule: | | | |
| Telecommuting physical address: | | <input type="checkbox"/> | Home |
| | | <input type="checkbox"/> | Other |
| Telecommuting days of the week: | | | |
| Proposed begin date: | | | |
| Purpose for Telecommuting: | | | |

Employee Statement. I hereby request approval to telecommute. I understand that telecommuting is a privilege and not an entitlement and that this agreement may be terminated at any time. I have read and understand the requirements for work standards and performance and agree to adhere to policies.

Signed _____ Date _____

Agency Approvals. The agency supports employee participation and the supervisor agrees that the employee and the position are suitable for a telecommuting arrangement.

Supervisor _____ Date _____

Director, Human Resources _____ Date _____

President's Office _____ Date _____