RESEARCH CORPORATION

Telecommuting Request Form

Employees who request to telecommute must complete and submit this form to their supervisor prior to the beginning of a telecommuting arrangement. Regular or recurring requests must be approved by supervisor, MURC Human Resources Director, and MURC's Executive Director prior to beginning the telecommuting arrangement. In addition to this request form, a copy of MURC's Telecommuting Policy must be signed by the requestor and their supervisor.

Employee Name: _____ **Job Title**: _____

Physical Address Where Telecommuting Will Take Place: _____

_____

Date Range of Request: ❑ Ongoing ❑ Specific Date Range _____

Telecommuting Days Requested): ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

Telecommuting Hours Requested (ex. 8:00am-4:30pm): _____

Details:

_____

_____

_____

_____

Supervision, oversight, safety, accountability, compliance, progress reporting, and/or on-site time will be monitored and reviewed by supervisor as follows:

_____

_____

_____

If approved, I acknowledge that all tasks can be accomplished in a telecommuting mode and understand that the outcome of the task(s) can be evaluated for completion at acceptable standards of quality and quantity. I also acknowledge that I have read and agree to MURC's Telecommuting Policy (attached).

Employee _____ **Date** _____

Supervisor _____ **Date** _____

Human Resources _____ **Date** _____

Executive Director _____ **Date** _____

Comments (optional):