



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:			Home
			Other
Telecommuting days of the week:			
Proposed begin date:		Proposed end 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 \_\_\_\_\_

Vice President \_\_\_\_\_ Date \_\_\_\_\_

Director, Human Resources \_\_\_\_\_ Date \_\_\_\_\_

President's Office \_\_\_\_\_ Date \_\_\_\_\_