

MURC 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. In addition to this request form, a copy of MURC's Telecommuting Policy must be signed by the requestor and their supervisor.

Please Print

Employee Name: _____ Employee Job Title: _____

Physical Address Where Telecommuting Will Take Place:

_____ (Street – Line 1)

_____ (Street – Line 2)

_____ (City, State, Zip Code)

Telecommuting Days (please circle): M T W Th F

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

Purpose of Telecommuting Request:

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

(To be completed by supervisor) Supervision, oversight, safety, accountability, compliance, progress reporting, and/or on-site time will be monitored and reviewed by: _____ (supervisor) via

_____ (method/frequency of review)

Supervisor comments (duration of approval, re-review date, other considerations, etc.):

Supervisor

Date

Executive Director

Date

HR Coordinator

Date