**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.

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| Employee name (print): |
| Position title: Classified / Non-classified |
| Division: |
| Primary work physical address: |
| Primary work schedule: |
| Telecommuting physical address: Home 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 \_\_\_\_\_\_\_\_\_\_\_\_\_

HR Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

VP of Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_