

Remote Work Application Form

Employee Name:		Title:	
Department:		Supervisor:	

Number of days I would like to work remote:	1	2	3	4	5
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Requested Start Date:		Requested End Date:	
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Please describe how you think your job responsibilities are suited for working remote:

Please indicate your reason for requesting to work remotely:

SUPERVISOR

I have discussed the possibility of telecommuting with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Supervisor's Signature _____ Date _____

TELECOMMUTING APPLICANT

I have discussed working remotely with my supervisor and understand that my application does not guarantee that I will be eligible. I have read the remote work policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that telecommuting can be terminated at any time by the University or me.

Employee's Signature _____ Date _____

POSITION MANAGEMENT TEAM

Approval _____ Disapproval _____

Reason:

Signature _____ Date _____