

**TELECOMMUTING REQUEST**

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Employee's Name: _____	Date: _____
Position: _____	Date of Hire: _____
Supervisor: _____	Date Began Current Position: _____
Department: _____	Shift: _____
Site At Which Work Would Be Performed: _____	

**Employee Portion**

1. I would appreciate the opportunity to perform my duties by "telecommuting" from my home or the offsite location specified for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. I understand it is my responsibility to provide satisfactory medical certification where a request is based on medical need.
  
3. I believe that I can perform all of my responsibilities while telecommuting in the following manner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. The only duties of my job that I believe I will be unable to perform include the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. I would like to have the duties I will be unable to perform addressed in the following way:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. I would like to telecommute on the following work days: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Certification**

As the employee's supervisor, I have reviewed the employee's request to telecommute on the days specified in the request. I recommend \_\_\_\_\_ approval \_\_\_\_\_ denial of the request to telecommute based on the following: \_\_\_\_\_

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\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Employee Acknowledgement**

I understand that telecommuting may be denied or that a request may be approved on a more limited basis than requested or on a temporary basis. A request to telecommute is not a representation or guarantee that it will be granted. I also understand that authorization to telecommute may be modified or revoked at any time by the employer.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Human Resources Portion**

The Human Resources Department has \_\_\_\_\_ approved \_\_\_\_\_ disapproved the request to telecommute.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Date