



## Telework / Remote Position Request Form

Employee-Requested Telework

Remote Position Designation

Date:

Employee Name (if applicable):
Job Title:
Department:
Supervisor:
Requested telework/remote start date:

Each telework/remote arrangement is unique depending on the needs of the position, the supervisor, and the employee. Either the supervisor or the employee may terminate an employee requested telework agreement by providing a minimum of ten (10) business days written notice. This provision does not apply to telework arrangements made through the disability accommodation process.

<b>Work Schedule:</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday <input type="checkbox"/> Wednesday
Regular work schedule:	
Work shift for regular workdays:	From      to      , lunch @      to
Telecommuting/Remote schedule: <i>Check days that apply.</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday <input type="checkbox"/> Wednesday
Work shift for telework days:	From      to      , lunch @      to

*Schedule Notes:*

### Job Duties:

The expectation for a telework arrangement is that the employee will continue to effectively accomplish regular job duties, regardless of work location. If there are telework-specific job duties or expectations, please specify them in the box below or enter N/A if not applicable.

Telecommuting-specific job duties and/or expectations:	
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**Equipment and Technology Access:**

Specify any College equipment or technology access the employee will need to telework and whether it will be employee or employer provided. Review all policies on the use of College-owned equipment, including while teleworking, for reference on appropriate use.

Employee equipment needs:	
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**Additional Details:**

Any other information applicable to this agreement:	
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***EMPLOYEE STATEMENT: I have read through 4600 Telework Policy and Procedure and will comply with them while working remotely.***

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

ET Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by HR: \_\_\_ YES \_\_\_ NO

HR Signature : \_\_\_\_\_ Date: \_\_\_\_\_