



TELECOMMUTING REQUEST

To: _____, _____
Appropriate Administrator, Appropriate Administrator Title

From: _____, _____
Requesting Employee, Requesting Employee Job Title

Date: _____

CC: _____; _____
*[HEERA Manager, [VP/Dean, Division/College]
if different than Appropriate Administrator];*

SUMMARY

Employee Name:			
Employee ID:			
Job Title:			
Classification:		Exempt: <input type="checkbox"/>	Non-Exempt: <input type="checkbox"/>
Division/Department:			
Primary Work Site Address:			
Regular Work Schedule:			
Telecommuting Physical Address:		Home: <input type="checkbox"/>	Other: <input type="checkbox"/>
Telecommuting Days of the Week:		Proposed Start Date:	
		Proposed End Date:	
Purpose for Telecommuting:			

EMPLOYEE STATEMENT

I hereby request approval to telecommute. I have read and understand the requirements for work standards and performance and agree to adhere to all applicable campus policies and relevant collective bargaining agreement language.

Signed _____ **Date** _____