



Telework Request Form

4-100 Employment Protocols

© 4-108

(Supervisor Initiated Only)

Name:

Author:

Job Title

Date:

Supervisor:

School:

Share: On

This request is for the following dates: Telework Start Date:

Telework End Date:

Work schedule: (remote vs. in-office days and times):

Alternate work location (include address and specific area inside residence/location):

Comments

Teleworking Applicant:

I have discussed teleworking with my supervisor. I understand that approval is subject to review by the Superintendent's designee. I understand that teleworking is a privilege and not an entitlement nor is it suitable for every employee or position. I have read the teleworking policy and regulation, understand the requirements for work standards and performance, and agree to adhere to them.

If approved, I understand that attendance at the assigned worksite for on-site meetings, conferences, training sessions and similar activities, or as directed by their supervisor may be required on scheduled telework days at the sole discretion of the supervisor. Further, I understand that I or my supervisor may terminate teleworking without cause at any time.

I have read the teleworking policy (4-108) and procedure (4-108.A), understand the requirements for work standards and performance, and agree to adhere to them.

Employee Signature:

I have discussed teleworking with the above-mentioned employee. Based on the employee's position, job responsibilities and performance, I authorize this request.

Supervisor Signature:

The supervisor and employee should keep a copy of this form. The original will be filed in the employee's personnel file in Talent Management.

Approved: