

Sample Telecommuting Request and Evaluation Form

Name of Employee: _____

Date: _____

Employee's Department: _____

Description of Telecommuting Arrangement:

Is this arrangement temporary or seasonal? Please explain:

Supervisor's Approval

Name of Supervisor: _____

Date: _____

Supervisor's Comments/Stipulations on the Approval

1. _____

2. _____

3. _____

4. _____

Start Date: _____

End Date: _____

Employee's Representations

I have read EMPLOYER's telecommuting arrangements policy and agree to abide by its terms and limitations.

I accept the terms and conditions outlined by my supervisor.

I understand that EMPLOYER can cancel this arrangement at any time, for any reason or for no reason.

I understand that I am responsible for furnishing and equipping my home office.

I also agree to participate in on-site activities when requested to do so by my supervisor or when otherwise necessary to carry out the duties I have been assigned.

Employee Signature: _____

Date: _____