

# TELECOMMUTING REQUEST FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Division/Section: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Approximate Commuting Time - One Way: \_\_\_\_\_ (in minutes)

Approximate Commuting Mileage - One Way: \_\_\_\_\_

## PROPOSED TELECOMMUTING SCHEDULE

In Office: Day(s) M T W Th F (Please Circle) At Home: Day(s) M T W Th F (Please Circle)

Work Hours \_ \_ \_ \_ \_

Work Hours \_ \_ \_ \_ \_

Proposed Start Date: \_\_\_\_\_

Describe job tasks you propose to do at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Employee Signature

Date: \_\_\_\_\_

Submitted to: \_\_\_\_\_

Manager/Supervisor Signature

Date: \_\_\_\_\_

Recommend: \_\_\_\_\_ Approval: \_\_\_\_\_

Disapproval: \_\_\_\_\_

If disapproved, state reasons why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Forwarded to: Division Director

Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Disapproval: \_\_\_\_\_

Signature: \_\_\_\_\_

Division Director

Date: \_\_\_\_\_

If disapproved, state reasons why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

cc: Teleworking Coordinator

# The Telecommuter's Floor Plan



I have chosen to work at the following address:

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in \_\_\_\_\_ (specific area).

Phone number: \_\_\_\_\_

Draw layout of your Telecommuting Workspace, include electrical outlets, furniture, equipment, doors, windows & phone outlets