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Name of Employee Making the Request: \_\_\_\_\_

Name of Employee's Supervisor: \_\_\_\_\_

Name of Employee's Department Head: \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee's Division: \_\_\_\_\_

Date(s) Requested for Telecommuting: \_\_\_\_\_

Location where work is to be performed: \_\_\_\_\_

Telephone Number where work is to be performed: \_\_\_\_\_

Fax Number where work is to be performed: \_\_\_\_\_

Will the employee have access to:  a computer  the Internet

What is the nature of the work to be performed?

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What will be the outcome or deliverable that will be produced as a result of this work?

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Approved:

Employee's Signature: \_\_\_\_\_

Dept. Head's Signature: \_\_\_\_\_ date approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Division Head's Signature: \_\_\_\_\_ date approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

If not approved, state reason for denial:

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