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| Remote Work Request Form |
| Employee Name

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Employee ID

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Job Title

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Name of Supervisor

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Reason for Remote Work Request

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Remote Work Location

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| Work Schedule:[ ]  Monday [ ]  Tuesday [ ]  Wednesday[ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  SundayDaily Start Time Daily End Time

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 | Request Start Date Request End Date

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Additional Notes (Scheduling, Equipment or Other Requests)

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| I am requesting authorization to work remotely as described in this form. I have read, understand and agree to comply with Company Name’s remote work policies. I understand that remote work privileges can be terminated at any time. My signature serves as proof that I agree to these terms and conditions.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor Signature Date  |