

TELEWORK APPLICATION

Name _____

Title _____

Department _____

Supervisor _____

Days I would like to telecommute:

Hours I will be available:

Please describe how you think your job responsibilities are suited for Telework:

Supervisor

I have discussed the possibility of Telework with the above-mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Supervisors Signature _____

Date _____

TELEWORK APPLICANT

I have discussed Telework with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute. I have read the Telework policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that Telework can be terminated at any time by {Client Name} or me.

Telework Applicants Signature _____

Date _____