

## Remote Work Request Form

Employee Name

Employee ID

Job Title

Name of Supervisor

Reason for Remote Work Request

Remote Work Location

Work Schedule:  Monday  Tuesday  Wednesday

Thursday  Friday  Saturday  Sunday

Daily Start Time      Daily End Time

Request Start Date

Request End Date

Additional Notes (Scheduling, Equipment or Other Requests)

I am requesting authorization to work remotely as described in this form. I have read, understand and agree to comply with [Company Name] 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: \_\_\_\_\_