

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: _____