

Telework Request Form

Name _____ Job Title _____

Department _____ Supervisor _____

Days and times request telework _____

Work location _____

Is this a short-term telework arrangement? Yes No

If yes, please list the start and end dates:

Start date: _____ End date: _____

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

Please describe the specific reason for this telework request:

Supervisor comments (to include why or why not telework makes sense in this situation):

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/her/their current position.

Supervisor's Signature _____ Date _____

Telework Applicant

I have discussed teleworking with my supervisor and understand that my application does not guarantee that I will be eligible to telework. 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 St. Mary's College of Maryland or me.

Applicant's Signature _____ Date _____

Department Head

Approval _____ Disapproval _____

Reason:

Signature _____ Date _____

Vice President

Approval _____ Disapproval _____

Reason:

Signature _____ Date _____

Human Resources

Approval _____ Disapproval _____

Reason:

Signature _____ Date _____