



## 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 \_\_\_\_\_