Administrative Faculty Telework Pilot Program
Form to Request Telework up to One (1) Day Per Week

I am requesting to telework up to one (1) day per week within the guidelines of the Administrative Faculty Telework Pilot Program. Requests may also be submitted for situational telework.

Name: _____

Job Title: _____

Department: _____

Requested Telework: _____

Requested duration of the agreement: _____

Technology in place at the telework site (please check all that apply):

☐ Computer/laptop (monitor if applicable) with audio, video and internet capabilities

☐ Reliable telephone and internet access with sufficient speeds to complete work

☐ Computer software including MS Teams, Outlook, Webex and adequate security

I have read the guidelines for this pilot program and understand my obligations for compliance.

_____ _____
Employee signature **Date**

Approved to telework as follows: _____

_____ _____
Supervisor Signature **Date**

_____ _____
Division Head Signature **Date**

cc: Human Resources