

TELEWORK REQUEST FORM

The success of the telework is dependent upon a mutually beneficial arrangement for the college and the eligible employee. Prior to completing this form, the employee should carefully review NPC Procedure 2795 - Telework. The abilities and characteristics of the employee, as well as the nature of the work will be assessed and considered prior to approval by their supervisor.

Name:

Work Unit:

Job Title:

Time in Position:

Is employee currently under a Performance Improvement Plan? Yes No

What is the address of the proposed alternate worksite?

Street Address:

City:

State:

ZIP:

Is a dedicated workspace available for your use at the proposed alternate worksite?

Yes No

What is your proposed schedule?

Day(s):

Hours:

Employee Signature:

To be completed by Employee's Supervisor:

Request Decision: Approved Not Approved

Comments / Details:

Supervisor's Signature

Date

Exec Team or VP's Signature

Date