



Human Resources
TELECOMMUTER APPLICATION

Name _____

Title _____ Date _____

Department _____ Unit _____

Telecommuting Schedule:

Day of Week	LOCATION	HOURS	
	Indicate: Home, College, Other	Begin Time	End Time
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

SCHEDULE EFFECTIVE DATES (not to exceed 1 year) Beginning _____ Ending _____

Telecommuting work site address:

 Phone Number _____

Describe the work that will be accompanied while telecommuting:

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Approved Disapproved Reason(s): _____

Human Resources Office Certification _____ Date _____