

Telecommuting Work Arrangement Request Form

Requestor's Name and Extension: _____ Hired date at CIMS _____

Supervisor's Name and Extension: _____ Department: _____

Please check Employee status and type of request:

- FT Administrative /Professional employee
- PT Administrative /Professional employee
- New request
- Request to continue existing Telecommuting arrangement

Telecommuting is not to exceed the parameters of up to 1 day in a 5 day, Monday through Friday workweek *
Please complete the table below.

Current Weekly Regular Schedule

Telecommuting Schedule (check telecommuting day)

Day	From and To	Lunch Break	Day	From and To	Lunch Break
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Total Hours			Total Hours		

*The regular workweek is based on your normal 35-hour workweek (plus a daily one-hour unpaid lunch break) and not the additional hours you may regularly invest at work as salaried professional staff member. Note: Regular hours of part-time positions are based on the hours stated in the official job description.

Requested start date of Telecommuting: _____

Anticipated end date of Telecommuting: _____

I acknowledge that I have read and agree with Telecommuting Arrangement policy and procedures:

Requestor's Signature _____

SUPERVISOR'S REVIEW:

Support the Request

Start date of Telecommuting arrangement: _____

Expiration date of Telecommuting arrangement: _____

Request Not Supported --- Reason _____

By signing this request, the supervisor is acknowledging that s/he has read the policy and procedures related to Telecommuting Arrangements before reaching a decision.

Supervisor's Signature _____ Date _____

Committee Review:

APPROVED

DECLINED

Ass't Director of Requestor's Department: Signature _____ Date _____

HR Officer: Signature _____ Date _____

Assoc. Director, Finance and Administration or the Department Chair:

Signature _____ Date _____