

### Telecommuting Work Arrangement Request Form

Requestor's Name & Extension: \_\_\_\_\_ Hired date at CDS: \_\_\_\_\_

Supervisor's Name & Extension: \_\_\_\_\_ Work Title: \_\_\_\_\_

**Please check Employee status and type of request:**

- FT Administrative /Professional employee
- PT Administrative /Professional employee
- New request
- Request to continue existing Telecommuting work arrangement (TWA)

*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
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
<b>Total Hours</b>	<b>35</b>		<b>Total Hours</b>	<b>35</b>	

\*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 TWA: \_\_\_\_\_

Anticipated end date of TWA: \_\_\_\_\_ (cannot exceed six (6) months)

*I acknowledge that I have read and agree with the CDS Telecommuting Work Arrangement policy & procedures:*

Requestor's Signature \_\_\_\_\_

**SUPERVISOR'S REVIEW:**

Support the Request

Start date of TWA: \_\_\_\_\_ Expiration date of TWA: \_\_\_\_\_

Request Not Supported

Reason: \_\_\_\_\_

*By signing this request, the supervisor is acknowledging that s/he has read the CDS TWA policy & procedures before reaching a decision.*

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Committee Review:**

- APPROVED
- DECLINED

CDS Director of Administration: Signature \_\_\_\_\_ Date \_\_\_\_\_

CDS Director: Signature \_\_\_\_\_ Date \_\_\_\_\_

CIMS' Human Resources Officer: Signature \_\_\_\_\_ Date \_\_\_\_\_