



Telecommuting Request Form

Employees who request to telecommute must complete and submit this form to their supervisor prior to the beginning of a telecommuting arrangement. ALL requests must be approved by supervisor, MURC Human Resources, and VP for Research prior to beginning the telecommuting arrangement. In addition to this request form, a copy of MURC’s Telecommuting Policy must be signed by the requestor and their supervisor.

Employee Name: _____ Job Title: _____

Physical Address Where Telecommuting Will Take Place: _____

Date Range of Request: Ongoing Specific Date Range _____

Telecommuting Days Requested): Monday Tuesday Wednesday Thursday Friday

Telecommuting Hours Requested (ex. 8:00am-4:30pm): _____

Purpose of Telecommuting Request:

- Medical Accommodation Hybrid Position Request Ad-Hoc (one-time request)

Details:

Supervision, oversight, safety, accountability, compliance, progress reporting, and/or on-site time will be monitored and reviewed by supervisor as follows:

If approved, I acknowledge that all tasks can be accomplished in a telecommuting mode and understand that the outcome of the task(s) can be evaluated for completion at acceptable standards of quality and quantity. I also acknowledge that I have read and agree to MURC’s Telecommuting Policy (attached).

Employee _____

Date _____

Supervisor _____

Date _____

Human Resources _____

Date _____

Executive Director _____

Date _____

Comments (optional):