

Hybrid Work Request Form

Employee Name

Employee ID

Job Title

Name of Supervisor

Reason for Hybrid Schedule Request

Remote Work Location

Hybrid Work Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Time							
End Time							

If applicable, specify any requested days scheduled partially onsite and remote, and the allotted hours for each location

Request Start Date

Request End Date

Additional Notes (Scheduling, Equipment or Other Requests)

I am requesting authorization for a hybrid work schedule, which includes working remotely as described in this form. At the discretion of my manager, any I am prepared to return to the workplace. I have read, understand and agree to comply with [C_Officialname]'s remote work policies. **I understand that remote work privileges can be terminated at any time.** My signature serves as proof that I agree to these terms and conditions.

Employee Signature

Date

Supervisor Signature

Date