

Remote Work Request Form

Employee Name

Employee ID

Job Title

Name of Supervisor

Reason for Remote Work Request

Remote Work Location

Work Schedule: ☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Daily Start Time

Daily End Time

Request Start Date

Request End Date

Additional Notes (Scheduling, Equipment or Other Requests)

I am requesting authorization to work remotely as described in this form. 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