



DEPARTMENT TELEWORKING FORM

SECTION I: EMPLOYEE INFORMATION

Department: _____

EMPLOYEE NAME	CLASSIFICATION	EHRA/SHRA or TEMP	DAYS TELEWORKING	% OF TIME TELEWORKING

SECTION II: TELEWORK AGREEMENT

Agreement Period: From (date): _____ To (date): _____

Please provide a brief description of the reason for this request and plan in handling customers.

By signing this agreement, the supervisor certifies that (s) he has read the terms of the agreement and the employees above have read the terms of the agreement and agree to follow the policies and procedures outlined in them as well as other applicable regulations, policies, and procedures:

Supervisor Signature: _____

Human Resources
Director Signature: _____