



Telework Application Form

Please provide this application form to your supervisor for consideration.

Application	
Last name: _____	First name: _____ Initial: _____
Designated worksite location: _____	
Position title: _____	Division: _____
Employee number: _____	Email: _____
Phone number: (work) _____ (telework site) _____	
Dates	
Period of telework being requested:	
From: _____	To: _____
Please specify the start time and end time of the work day:	
Start time: _____	
End time: _____	
Please provide details around the telework arrangement which could include the days per week, location, hours, etc.	
Reason for request	
_____	_____
Employee Signature	Date