

Classified Employee Request for Remote Work Schedule

Name:	Supervisor:
Job Title:	Date of Request:
Department:	Effective Start date:

Please contact the Benefits & Leave Analyst in the HR department for medical leave accommodations. For one-time requests, please contact your supervisor directly for pre-approval.

[] Under Article 27, I request a hybrid schedule to work remotely for no more than 40% of my assigned work week. (i.e. 40 hour work week, up to 16 hours telework). Requires supervisor's approval (only).

[] Under Article 27, I request a hybrid schedule to work remotely for more* than 40% of my assigned work week. (i.e. 40 hour work week, more than 16 hours telework). **In addition to supervisor approval, approval from the Vice President of Human Resources is required.*

	Workday		Lunch break Period		Total Daily
Day of Week	Start Time	End Time	Start Time	End Time	Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Employee Signature

Date

Supervisor Signature

Date

[] Approved [] Denied

*Vice President of Human Resources Signature Date
[] Approved [] Denied

Comments: