



# TELECOMMUTING APPLICATION For Management & Professional (M&P) Staff

Version: May 2009

Name of M&P Staff: \_\_\_\_\_

Position: \_\_\_\_\_

This application covers the period from \_\_\_\_\_ to \_\_\_\_\_.

## CONTACT INFORMATION

Off-site work will take place at the following address:

Address:	
City:	
Home Phone:	
Cell Phone:	
Fax:	
IM:	
Skype:	

## PROPOSED WORKING HOURS

	Office		Off-site	
	Start	Finish	Start	Finish
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Indicate if the request is for ad hoc or random days working from home\*

\*If the application is for ad hoc days – this will require approval one week prior to each day worked from home.

### Reason for Request

I have reviewed the [DEPARTMENT NAME] *Telecommuting Guidelines* and agree to the terms and conditions.

Signature of employee: \_\_\_\_\_

Date: \_\_\_\_\_