

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Human Resources TELECOMMUTER APPLICATION

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Unit \_\_\_\_\_

**Telecommuting Schedule:**

DAY OF WEEK	LOCATION	HOURS	
	INDICATE: HOME, COLLEGE, CENTER	BEGIN TIME	END TIME
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

**SCHEDULE EFFECTIVE DATES** (not to exceed 1 year): Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**Telecommuting work site address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Describe the work that will be accomplished while telecommuting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's signature \_\_\_\_\_ Date \_\_\_\_\_

Approved     Disapproved    Reason/s: \_\_\_\_\_

Human Resources Office certification \_\_\_\_\_ Date \_\_\_\_\_