Request to Work Remotely

Employee Name: ___________________________________________
Supervisor Name: ___________________________________________
Date of Request: ___________________________________________
Job Title: ___________________________________________

1) Reason for Request:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2) What days would employee work remotely?
______________________________________________________________________________

3) Are you proposing a change in work schedule/hours? ______ If yes, please describe
______________________________________________________________________________

4) What hours would employee be available for contact?
______________________________________________________________________________

5) What tasks would be handled remotely?
______________________________________________________________________________

6) How would employee communicate with supervisor and ensure projects are delivered in a
timely manner?
______________________________________________________________________________

7) Please describe the proposed workspace.
______________________________________________________________________________

8) What equipment would be needed in order to effectively work remotely?
______________________________________________________________________________
9) Is any equipment being requested from GTU? ______ If yes, please describe. 
[Note that equipment requests are subject to approval by IT and the CFO and will depend on current practice and budgetary availability.]

____________________________________________________________________
____________________________________________________________________

Supervisor Signature: ______________________________
Date: _______________________

Reviewed by HR Director: ______________________________
Date: _______________________

Approved
Not approved

Reviewed by CFO, if for more than one day per week: ______________________________
Date: _______________________

Approved
Not approved

Reason if not approved:
____________________________________________________________________
____________________________________________________________________