*Employees must have 18 months of service to be eligible for requesting telework. Teleworking is not an employee benefit and not suitable for all positions.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days I would like to telework:

**Please describe how you think your job responsibilities are suited for teleworking:**

**SUPERVISOR**

I have discussed the possibility of teleworking with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEWORKING APPLICANT**

I have discussed teleworking with my supervisor and understand that my application does not guarantee that I will be eligible to telework. I have read the teleworking policies and procedures and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that teleworking can be terminated at any time by the Partnership or me.

Teleworking Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUMAN RESOURCES**

Approval \_\_\_\_\_\_\_\_\_\_\_  Disapproval \_\_\_\_\_\_\_\_\_\_\_

**Reason:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_