UNIVERSITY OF MARYLAND

TELEWORK REQUEST SAMPLE FORM

Employee Name: __________________________________________

Job Title: __________________________________________

Department: __________________________________________

Email Address: __________________________________________

Date of Request: __________________________________________

Proposed work plan to accomplish duties including start date and duration of telework:

Proposed communication plan to stay in contact with supervisor/co-workers/internal and external customers:

Benefit to department:

Impact on co-workers, internal and external customers:

Approved: (Yes or No) ____________  Supervisor Signature ____________________________

Supervisor signoff date: ____________________

Note – This short form does not supersede the Telework Agreement or Telework Guidelines.