

Telework, Flextime and Compressed Workweek Request Form

Employee Name:	Employee ID:
Position Title:	<input type="checkbox"/> Classified <input type="checkbox"/> Exempt <input type="checkbox"/> Faculty <input type="checkbox"/> Other
Department:	Supervisor Name:
Remote Work Location Address (Street, City, Zip):	
Remote Location Phone (10-digits with Area Code):	Emergency Contact Phone (10-digits with Area Code):
Request for: <input type="checkbox"/> Teleworking <input type="checkbox"/> Flextime Work Hours <input type="checkbox"/> Compressed workweek	Confirm you currently have (check all that apply): <input type="checkbox"/> TCC VPN Authorized <input type="checkbox"/> College issued laptop/computer <input type="checkbox"/> Remote workspace provides safe and healthy environment <input type="checkbox"/> Remote workspace ergonomic needs addressed <input type="checkbox"/> Remote workspace provides necessary confidentiality and security for College work information

Telework Request

Requested Long Term Assignment	Requested Temporary Assignment
Start Date	Start Date
End Date	End Date
Briefly describe the remote worksite location: (indicate equipment, room, safety related items, etc.)	
Describe the type of work to be performed at the remote worksite and the pros and cons of how it may affect your position's role in serving students, staff and performing your assigned work: (Attach supplemental sheets if necessary)	
Briefly describe reasons for requesting a remote worksite or alternate schedule and how you believe it will benefit you and the College: (Attach supplemental sheets if necessary)	

Proposed Schedule

Indicate the hours you are proposing to work from each location (*example: In office 8am-3pm Alt Site 3pm-5pm*)

Daily Schedule Location	MON	TUE	WED	THU	FRI	SAT	SUN
In Office							
Remote Worksite							

Please note any anticipated variations to the days proposed below. If your schedule will vary during the month, please provide a detailed explanation and explain why and how:

Employee Acknowledgement

College policy ADSV 320: Telework, Flex Time, and Compressed Work Week details the requirements and the conditions for authorization of any request for participation and is incorporated by reference in this form. The policy and may be viewed in its entirety on the TCC main web page under [policies](#). My signature and date below confirm I have read and understand the Telework, Flex Time, and Compressed Work Week policy requirements and agree to the terms and conditions for this request.

Employee Signature: _____ Date: _____

Supervisor Acknowledgement

I have reviewed this request in its entirety and confirm it complies with the terms and conditions of the Telework, Flex Time, and Compressed Work Week policy. I have reviewed this information with the employee and tentatively approve this request pending final executive approval. This approval includes my authorization for College VPN access for the employee to use in the performance of authorized remote work.

Supervisor's Signature: _____ Date: _____

This form must be completed and forwarded promptly to the area Vice President within 10 days of receipt by Supervisor



Vice President Authorization

I have reviewed this request, confirmed it complies with the terms and conditions of the Telework, Flex Time, and Compressed Work Week policy, and **confirm my authorization** by my signature and date below.

Vice President Signature: _____ Date: _____

This form must be approved or denied and forwarded promptly to Human Resources within 5 days of receipt by the area VP



Human Resources – Verification

- All required signatures have been verified
- Authorized request has been reviewed and filed as of [DATE]_____
- E-mail approval sent to Employee and Supervisor with copy of this executed document
- Copy sent via e-mail to employee’s Union/Area Representative, if applicable **(Within 5-days of receipt by HR)**
- Copy to Payroll Team
- Copy placed in employee’s Personnel/Employee Relations file

HR staff signature: _____ Date: _____