**SHORT-TERM TELECOMMUTING REQUEST**

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| **EMPLOYEE INFORMATION** | | | | |
| Name: | |  | | |
| Home Address: | |  | | |
| Home Phone Number: | |  | | |
|  | |  | | |
| **DEPARTMENT INFORMATION** | | | | |
| Job Title: | |  | | |
| Department: | |  | | |
| Supervisor: | |  | | |
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| **SHORT-TERM TELECOMMUTING REQUEST** | | | | |
| Proposed telecommuting schedule: | |  | | |
| Core work hours at remote site: | |  | | |
| Address of the proposed telecommuting site: | |  | | |
| Proposed duties being completed remotely: | |  | | |
| Duties unable to complete remotely: | |  | | |
| Telephone coverage when telecommuting: | | Calls will be forwarded to Home Number:  Yes  No  Calls will be forwarded to on campus coworker:  Yes  No  Designated Person: | | |
| Employee acknowledges that employee is responsible for providing all telecommunications, workspace and equipment needed for short-term telecommuting and is solely responsible for these costs under this agreement.       (employee initials) | | | | |
| The employee shall take all necessary measures including those listed below, to ensure confidentiality of data and to preserve and retain records:       (employee initials)  Comply with all State Laws, Administrative Codes, Regent Policies, UW System and UW-Green Bay policies regarding record retention, storage and confidentiality.       (employee initials) | | | | |
| Requested dates of short-term telecommuting from       to | | | | |
| **AGREEMENT INFORMATION** | | | | |
| This agreement is established between the University of Wisconsin-Green Bay and the Employee noted above. This agreement shall cover the period noted above; however, the University retains the right to suspend the agreement at any time. | | | | |
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| Employee Name | | |  | Date |
| *By typing your name above, you agree to the terms outlined within the Short-Term Telecommuting Request and* [*UW System Administrative Policy 1200*](https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/6027-2/)*.* | | |  |  |
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| **ROUTING** | | | | |
| Short-Term Telecommuting Request  Employee (Electronic) ↓ Forward via email (with form attached) to Supervisor for approval  Supervisor (Electronic) ↓ Forward via email (with form attached )to Area Leader with approval  Area Leader (Electronic) ↓ Forward via email (with form attached) to Human Resources with approval  Human Resources | | | | |
| *If denied at any time, please complete this section and send to Human Resources* | | | | |
| *Reason for denial:* |  | | | |
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