**TELECOMMUTING RENEWAL REQUEST**

[*For new Telecommuting Requests, please complete a Telecommuting Request*](http://www.uwgb.edu/UWGBCMS/media/hr/forms/TelecommutingRequestForm.docx)

[Telecommuting Policy](http://www.uwgb.edu/UWGBCMS/media/hr/policies/TelecommutingPolicy.pdf)

The success of telecommuting is dependent on a mutually beneficial arrangement for the university, the unit/department, and the employee. This form is to be completed by the employee who is requesting to continue an alternative work schedule.

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| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | | |
|  | | | | | |
| Employee Name: |  | | Department: | |  |
| UW System Title: |  | | FTE %: | |  |
| Working Title: |  | | Supervisor: | |  |
|  | | | | | |
|  | | | | | |
| **CURRENT TELECOMMUTING REQUEST** | | | | | |
|  | | | | | |
|  | | | | | |
| Original request date: |  | | | | |
|  | | | | | |
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| **RENEWAL REQUEST** | | | | | |
| I have reviewed my original Telecommuting Request and am requesting the same telecommuting agreement for the period noted below. All information pertaining to my original agreement will remain the same for the duration of this renewal period. I agree to the proposed telecommuting agreement over the duration of the agreement period. It is understood that telecommuting is subject to the changing academic and business needs of the university. The university reserves the right to adjust telecommuting schedules accordingly or eliminate telecommuting and will make every effort to provide adequate notice. | | | | | |
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| Agreement Start Date: | |  | End Date: | |  |
| *Agreement should not exceed 12 months.* | | | | | |
|  | | | |  |  |
| *Employee Signature* | | | |  | *Date* |
|  | | | | | |
| **AUTHORIZATION** | | | | | |
|  | | | |  |  |
| *Supervisor* | | | |  | *Date* |
|  | | | |  |  |
| *Dean/Division Head* | | | |  | *Date* |
|  | | | |  |  |
| *Area Leader* | | | |  | *Date* |
|  | | | |  |  |
| *Human Resources* | | | |  | *Date* |
|  | | | |  |  |
| *Position Review Committee Chair* | | | |  | *Date* |
|  | | | | | |
| *If denied at any time, please complete this section, provide employee with a copy and send original to HR.* | | | | | |
| Reason for denial: |  | | | | |
|  | | | | | |
| **FORWARD COMPLETED FORM TO HUMAN RESOURCES** | | | | | |