**SHORT-TERM TELECOMMUTING REQUEST**

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| **EMPLOYEE INFORMATION** |
| Name:  |       |
| Home Address: |       |
| Home Phone Number: |       |
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| **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 [ ]  NoCalls 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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