



Classified Employee Request for Remote Work

Name:	
Job Title:	
Department:	
Supervisor:	
Date of Request:	

If you are requesting this as part of an accommodation or medical leave, please contact our Benefits Analyst, Alma Arriaga before submitting this form.

- ☐ In accordance with Article 27, I am requesting hybrid schedule to work remotely for **no more** than 40% of my assigned work week. (i.e. 40 hour work week, 16 hours telework)

Day of Week	Workday		Meal Period		Total Daily Hours
	Start Time	End Time	Start Time	End Time	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Effective Start Date: _____

Effective End Date: _____

Employee Signature

Supervisor Signature

- ☐ Approved by Supervisor
☐ Denied by Supervisor

Reason for denial:

If requested schedule is not approved, please forward form to the Vice President of Human Resources and CSEA President for further review.



Classified Employee Request for Remote Work

- ☐ In accordance with Article 27, I am requesting full remote work schedule to work remotely for more than 40% of my assigned work week. (i.e. 40 hour work week, 30 hours telework)

Day of Week	Workday		Meal Period		Total Daily Hours
	Start Time	End Time	Start Time	End Time	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Information regarding request for full remote work schedule:

Effective Start Date: _____

Effective End Date: _____

Employee Signature

Supervisor Signature

- ☐ Approved by Supervisor
☐ Denied by Supervisor

If denied, reason for denial:

Vice President of Human Resources Signature

- ☐ Approved by VP of HR
☐ Denied by VP HR

If denied, reason for denial:
