



**The University of New Orleans  
Request to Telecommute**

Employee's Name  Job Title

Department  Department Head

Immediate Supervisor  Hire Date

Length of Time in Current Position

1. Explain the reasons you wish to telecommute.

2. What is the time period you wish to telecommute? State the start and end dates or if you wish to telecommute indefinitely. (Remember that telecommuting can be approved in increments of no longer than 60 days at a time.)

3. State the address of the location where you wish to work and explain if this is your home or someplace else.

4. Explain the telecommuting work schedule you intend to follow. Include the days of the week you will work, your start time and end time each day, and total hours of work per week.

5. Explain any days and times you intend to report for work in your UNO office location. For example, if you have periodic meetings you will attend in person or particular days you will be present in the office, list those here.

6. Will you use your personal computer to perform your work or will you need a UNO computer? If you need a UNO computer, explain where it will come from. If you will use your personal computer, explain the computer security software you have installed on it (for example, Norton, McAfee, etc.) and attach proof that your security software is in effect.

7. Describe any other equipment or supplies you will need UNO to provide in order for you to telecommute.

8. Explain in detail how you will perform your duties while telecommuting as effectively as you perform them currently. Address any procedures that will change if you telecommute. Explain how your supervisor will be able to monitor your productivity and evaluate your overall performance if you are allowed to telecommute. Explain why it is in UNO's best interest to allow you to telecommute. Attached additional pages if necessary.

(continuation of answer to item 8)

I have read UNO's Telecommuting policy (AP-BA-51.1) and agree to abide by it. I understand that telecommuting is voluntary and I may stop telecommuting at any time with reasonable advance notice to my supervisor. I also understand that UNO may at any time change any or all of the conditions under which I am permitted to telecommute, or withdraw permission to telecommute. Additionally, I understand telecommuting will be approved in increments of no longer than 60 days and reevaluated prior to completion of each 60-day increment.

_____	Date		
Employee's Signature			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Supervisor's Signature			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Department Head's Signature			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Assoc. VP, Human Resource Mgt. Signature			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Vice President's Signature			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
President's Signature			