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## Sisters of Charity of Nazareth Telecommuting Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

*Please provide the information requested below and return this application to the supervisor at least 30 days prior to the expected start of the telecommuting agreement.*

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Number of days each week you are requesting to telecommute (the recommended schedule is no more than 3 days): \_\_\_\_\_

Expected duration of telecommuting period: \_\_\_\_\_

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Please describe the job responsibilities that you believe are suited for telecommuting:

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Please describe the job responsibilities that you believe are not suited for telecommuting, indicating how these responsibilities will be accomplished during the telecommuting period:

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### Employee Statement

I have discussed a telecommuting arrangement with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute. I have read and understand the telecommuting policy and guidelines. I understand that if approved, the telecommuting agreement can be terminated at any time by the employer or the employee.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_