

Florida State College at Jacksonville

REQUEST FOR TELECOMMUTING ASSIGNMENT

EMPLOYEE NAME: _____ **PID:** _____

DEPARTMENT: _____ **JOB TITLE:** _____

WORK TELEPHONE: _____ **EMAIL:** _____

ASSIGNMENT DATES (MAY NOT EXCEED 12 MONTHS):

BEGIN: _____ **to** _____

REMOTE WORK LOCATION ADDRESS: _____

REMOTE WORK LOCATION TELEPHONE: _____

EXPLAIN REASON FOR TELECOMMUTING REQUEST: _____

TECOMMUNTING WORK SCHEDULE: (ex: Monday-Friday, 7:30 a.m.-5 p.m.)

DESCRIBE JOB DUTIES AND HOW THEY WILL BE ACCOMPLISHED: _____

(ADDITIONAL PAGES MAY BE ATTACHED)

SCHEDULE OF DELIVERABLES: (ex: will provide completed task(s) weekly for review to supervisor)

(ADDITIONAL PAGES MAY BE ATTACHED)

