

<b>Timberlane Regional School District</b>	<b>Procedure Code: GCEE-X</b>
<b>Adopted: 05-02-24</b>	<b>Page 1 of 2</b>

**TELECOMMUTING APPLICATION FORM**

Name \_\_\_\_\_ Position Title \_\_\_\_\_

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

Short Term Telecommuting Assignment - # of days \_\_\_\_\_

Long Term Telecommuting Assignment – from \_\_\_\_\_ to \_\_\_\_\_

**Please describe how you think your job responsibilities are suited for telecommuting:**

**SUPERVISOR**

I have discussed the possibility of telecommuting with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in their current position.

Supervisor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**TELECOMMUTING APPLICANT**

I have discussed telecommuting with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute. I have read the telecommuting policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that telecommuting can be terminated at any time by The Timberlane Regional School District or me.

Telecommuting Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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**HUMAN RESOURCES**

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

**Reason for Non-Approval:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

Date \_\_\_\_\_