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| Remote Work Extension Request Form | |
| Employee Name   |  | | --- | |  |   Employee ID   |  | | --- | |  |   Job Title   |  | | --- | |  |   Name of Supervisor   |  | | --- | |  |   Reason for Remote Work Extension Request   |  | | --- | |  | | |
| Work Schedule: Monday  Tuesday  Wednesday  Thursday  Friday  Saturday Sunday  Daily Start Time Daily End Time   |  | | --- | |  | | Remote Work Extension Request End Date   |  | | --- | |  |   Additional Notes (Scheduling, Equipment or Other Requests)   |  | | --- | |  | |
| I am requesting authorization to continue to work remotely as described in this form. I have read, understand and agree to comply with [insert company name]’s remote work policies. I understand that remote work privileges can be terminated at any time. My signature serves as proof that I agree to these terms and conditions.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature Date | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature Date | |