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| Hybrid Work Request Form |
| Employee Name

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Employee ID

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Job Title

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Name of Supervisor

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Reason for Hybrid Schedule Request

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Remote Work Location

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| **Hybrid Work Schedule** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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OnsiteRemoteStart TimeEnd Time*If applicable, specify any requested days scheduled partially onsite and remote, and the allotted hours for each location*

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| Request Start Date Request End Date

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 | Additional Notes (Scheduling, Equipment or Other Requests)

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| I am requesting authorization for a hybrid work schedule, which includes working remotely as described in this form. At the discretion of my manager, at any time I am prepared to return to the workplace. 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  |