

Midwestern State University  
COVID-19 Telecommuting Accommodation Request Form

<b>Employee Name</b>	
<b>Employee Job Title</b>	
<b>Department</b>	

**Request to Telecommute** *(To be completed by the requestor)*

Check applicable reason    Vulnerable classification    Childcare

**Please do not provide confidential medical information on this form.**

Brief description of work to be done away from normal work location:

Proposed work hours/schedule:

Proposed work location: mailing address, e-mail address, and phone number:

Start date and tentative end date of the requested telecommuting status (no later than 08/31/2020):

**Note: To the Employee - Telecommuting may be discontinued at the discretion of the supervisor at any time given one week's notice. Additional documentation may be required for approval.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Telecommuting Standards *(to be completed by the requestor's supervisor)*

Can the employee's work be successfully completed outside the normal work location?

Yes    No

Has the employee demonstrated through past performances the self-discipline and initiative to complete assigned tasks without immediate supervision?

Yes    No

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This request meets all applicable standards and it is in the best interest of the employee and the university.

**Approved by:**

<b>Supervisor</b>		<b>Date</b>
<b>Department Director</b>		<b>Date</b>
<b>Human Resources</b>		<b>Date</b>
<b>Vice President</b>		<b>Date</b>