



Telecommuting Arrangement Request Form

To make a request for a Telecommuting Arrangement under the NYU Telecommuting Policy, the employee should complete this Telecommuting Arrangement Request Form and submit it to their supervisor. Telecommuting Arrangements are discretionary, and must be approved in advance by the covered employee's supervisor, together with the designated approver(s) determined by the school or unit. (Approval from the AVP, Employee Relations also is required for full-time Telecommuting Arrangements and/or from the AVP, Talent, Learning, and Organizational Development for Telecommuting Arrangements from a work location outside of New York State.) The employee and supervisor should outline the expectations, specific parameters of the arrangement, and mechanisms for evaluation below. This form must be filed with the supervisor; a signed copy must be forwarded to the employee; and a signed copy must be filed with the appropriate HRO.

Date submitted: _____

School/Department/Unit: _____

EMPLOYEE

Name: _____

Job Title: _____

Email: _____

Phone: _____

SUPERVISOR

Name: _____

Job Title: _____

Email: _____

Phone: _____

TO BE COMPLETED BY EMPLOYEE

This is a request for a:

New Telecommuting Arrangement

Continuation of Existing Telecommuting Arrangement

Requested Start Date: _____

Requested End/Renewal Date (if applicable): _____

Number of Requested Telecommuting Day(s) Per Week: _____

Do you have the work space to complete your assigned work when you are telecommuting?

Do you have the necessary equipment (e.g., computer equipment, telephone, and web access) to complete your assigned work when you are telecommuting?



FOR SUPERVISORS ONLY:

Not Approved

Supervisor's reasons for not approving request:

Approved

Start date: _____

End/Renewal date (if applicable): _____

Supervisor's comments about approved request:

If granted, Telecommuting Arrangements will be reviewed on a periodic basis. Supervisors should schedule reviews after the first two months, and annually thereafter (or sooner as necessary and appropriate).

Probationary review date (two months after arrangement begins): _____

Subsequent review date: _____

I have read the NYU Telecommuting Arrangements Policy and understand that approval of a Telecommuting Arrangement does not constitute and will not be construed as a contract of employment, and is not intended to supersede or override University employment policies at any time.

Employee's Signature _____

Supervisor's Signature _____

Designated Approver Signature _____

UHR Approver Signature _____
(For Full-Time Telecommuting Requests Only)

UHR Approver Signature _____
(For Out-of-NYS Telecommuting Requests Only)

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