



Staff Information

Staff name: _____

Position title: _____

Program/Business Unit: _____ Supervisor: _____

Requested effective date: _____ Is this a temporary request? yes No

Telecommuting arrangements

1. Why are you requesting a telecommuting arrangement? _____

2. What positive outcomes do you anticipate as a result of this arrangement? Please include how this arrangement may benefit your department and Brandeis. _____

3. Describe how this change may impact your external stakeholders. Include proposed solutions to challenges. _____

4. Describe how this change may impact your internal stakeholders and colleagues. Include proposed solutions to challenges _____

5. How will you communicate with your supervisor, colleagues and clients? _____

6. Additional comments _____

Staff Signature

Sign: _____ Date: _____

I have reviewed the Staff Telecommuting and Alternate Work Schedule Policy. I understand that submission of this form does not guarantee the establishment of a telecommuting and alternate work arrangement.

Supervisor Recommendation

Telecommuting Request Approved
Complete Telecommuting Agreement

Telecommuting Request Not Approved

Supervisor Signature

Supervisor
Print Name _____ Signature _____ Date _____

Dean or Vice President
Print Name _____ Signature _____ Date _____

Note: If this request is related to a family or medical leave of absence or disability accommodation, do not complete this form. Contact Human Resources (Benefits & Wellness Unit) at benefits@brandeis.edu or call ext. 6-4474. Once Telecommuting/Alternative Work Schedule Requests are approved by Staff Members' Supervisors, Dean or Vice President and Human Resources, if a telecommuting arrangement is approved, Staff should additionally fill out a Telecommuting Agreement and submit to their Supervisor. Executed copies of Telecommuting/Alternative Work Schedule Requests and Telecommuting Agreements will be maintained in Staff Members' personnel files.