

Request for Telecommuting or Flexible Working Hours

*This form should **not** be used to request telecommuting arrangements that are (1) agreed upon as a condition of employment, (2) for a temporary schedule change under the New York City Temporary Schedule Change Law, or (3) part of a reasonable accommodation request. Telecommuting arrangements that are agreed upon as a condition of employment should be made for up to a year and should be evaluated annually.*

EMPLOYEE Name: _____

Job Title: _____

Email: _____ Phone: _____

SUPERVISOR Name: _____

Email: _____ Phone: _____

Request for:

Telecommuting arrangement

Flexible working hours

Requested start date: _____

Describe your current schedule and proposed schedule:

Days/Hours	Current Schedule		Proposed Schedule	
	On-Site	Off-Site	On-Site	Off-Site
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				

Please describe how your job responsibilities are suited for telecommuting or flexible working hours. How will coverage be ensured when you are not on-site? How will your participation in the workplace be altered?

How flexible can your arrangement be? Can you alter your schedule temporarily if operational needs arise?

For Telecommuters Only:

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

Supervisor Review:

Declined Needs modification

If the request needs modification or is declined, please describe what modifications are needed or reasons for denial:

Approved

Start Date: _____

All flexible work and telecommuting arrangements will be reviewed on a periodic basis. Supervisors should review after the third and sixth month, and annually thereafter.

Reassessment date: _____ / _____ / _____

Reassessment date: _____ / _____ / _____

Reassessment date: _____ / _____ / _____

Reassessment date: _____ / _____ / _____

Reassessment date: _____ / _____ / _____

I understand that approval of this request does not constitute and will not be construed as a contract of employment. Teachers College employment relationships are “at will.” This work arrangement is not intended to supersede or override College employment policies at any time.

By submitting this request, I acknowledge that I have read, understand and agree to the terms of the Telecommuting Policy (403.4) and Flexible Working Hours and Temporary Schedule Changes Policy (403.1).

Employee’s Signature: _____

Date: _____ / _____ / _____

Supervisor’s Signature: _____

Date: _____ / _____ / _____

Additional Approver’s
Signature (if required): _____

Date: _____ / _____ / _____

All flexible work and telecommuting arrangements must be approved **in advance** by the supervisor and by any additional person that the department may choose to appoint for this purpose, i.e. department head or program director. Final approval is granted at the department’s discretion.

This form and any backup documentation for all flexible work or telecommuting arrangements should be held in the department. A signed and approved copy should be forwarded to the employee.