**UMSON STAFF TELEWORK REQUEST FORM**

**Employee Name:** Click or tap here to enter text.

**Employee Job Title:** Click or tap here to enter text.

**Employee Department:** Click or tap here to enter text.

**Supervisor:** Click or tap here to enter text.

**Job Classification:** Choose an item.

**Telework day(s) requested:** Click or tap here to enter text.

**What telework hours will the employee be working on the requested day(s)?** Click or tap here to enter text.

**Requested effective date:** Click or tap to enter a date.

**If requesting more than one day of telework please provide additional information on how work will be performed effectively; measured, maintained and improved?**

Click or tap here to enter text.

**Supervisor’s Recommendation (required for more than 1 day of telework or if the employee is a C1):**

Click or tap here to enter text.

Supervisor Signature Date

**Employee Acknowledgement:**

I acknowledge that if the request for telework is granted, I will comply with the guidelines and employee responsibilities indicated in the UMB Telework Policy VII-6.11(A) and complete the telework agreement. I further acknowledge that noncompliance with the terms of the policy on Telework may cause the termination of my employee Telework benefits and may lead to disciplinary action.

Employee Signature Date