

Extended Telework Agreement

Instructions: The following fully approved agreement is required before an employee can work at an alternate work location for more than two days per workweek.

Employee Name _____ Employee ID _____ Date of Hire _____

Job Code/Title _____ Department _____ Supervisor _____

Salary Plan: A&P USPS OPS AEX Faculty FLSA Exempt: Yes No

Reason for Extended Telework

Other Short-term Medical (Non-Disability) In Conjunction with Parental Leave

*For Disability (ADA) or Pregnancy related reasonable accommodation requests, use the following forms:

- [Disability Related Request](#)
- [Pregnancy Related Request](#)

Justification for Telework:

Proposed Telework Period: _____
 Begin Date End Date

Proposed Telework Schedule:
 Fixed (list days and hours):

Fri	Sat	Sun	Mon	Tue	Wed	Thurs

Flexible (list total hours per day/week): _____

Telework Details:

Location Description:	Location Address:
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Job Duties/Tasks to be Performed at Alternate Work Location:

