

Flexible Work Arrangement Request – Telecommute

Employee Information

Name: _____

Department: _____

Office Phone Number: _____ Email: _____

Supervisor Information

Name: _____

Office Phone Number: _____ Email: _____

Timeframe for Requested Telecommuting Arrangement

Beginning: _____ Ending (can note n/a if continuous): _____

Telecommute Day Requested (e.g., Mondays) (maximum 1 day/week): _____

Responsibilities of Employee:

- Fully understand the nature and impact of the flexible work arrangement.
- Understand that employee may need to be in the office on some designated telecommute days based on supervisor's/office's needs.
- Report daily on progress when working from remote location and maintain a continuing dialogue with your supervisor.
- Attend regular meetings with your Supervisor to review and confirm expectations and performance targets.

Responsibilities of Supervisor:

- Make certain there is adequate coverage in the office, especially during peak times.
- Ensure that the employee fulfills all responsibilities and commit to working with the employee as usual, as opposed to assigning work you would typically task the employee with to others who are on-site.
- Measure performance by results rather than through direct observation when the employee is working off-site.
- Change the plan if it is not serving the department's needs.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____
(indicates approval)

Submit completed form to Law HR (LawHR@nyu.edu).

Note: All flexible work arrangements are revocable at any time.