



Channel Islands  
CALIFORNIA STATE UNIVERSITY

# Telecommuting Proposal Form

## **Contact Information:**

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

---

## **Justification for Request (To be completed by the employee):**

Current work schedule:

Work plan for how to accomplish current duties:

Advantage to the Department:

Impact on co-workers and internal/external customers:

Plan for Communication/Cooperation:

Plan for Continuity:

Proposed Start Date:

Proposed new work schedule (if applicable):

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Supervisor Comments:**

Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

---

**Human Resources Review:**

Approved:        Yes        No

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of next review: