

Work From Home Proposal Form

Employee Name: _____

Designation: _____

Job Title: _____

Department: _____

CONTACT INFORMATION:

Email: _____

Phone number: _____

Type of flexible work option being requested: _____

Current work schedule: _____

Work plan for how to accomplish current duties: _____

Impact on co-workers and internal/external customers (To be filled up by Project Manager): _____

Plan for Communication/Cooperation: _____

Plan for Continuity (if any): _____

Proposed Start Date: _____

PROPOSED NEW WORK SCHEDULE:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Employee Signature: _____

Date: _____

Project Manager Signature: _____

Date: _____

This arrangement will be reviewed periodically as jointly discussed by the Supervisor and Employee.

Date for next review:

CEO Signature with Approval note: