

**Sarah Lawrence College**

**Telework Request Form**

Name \_\_\_\_\_ Title \_\_\_\_\_

Area \_\_\_\_\_ Supervisor \_\_\_\_\_

The work location of record continues to be at Sarah Lawrence College, located at 1 Mead Way, Bronxville, NY 10708. This remote working arrangement is subject to reconsideration after the declared nationwide emergency for COVID-19 has been lifted.

**Number of days I would like to telecommute:**

**Please describe how you think your job responsibilities are suited for telecommuting:**

**Please describe what, if any, technology needs you have in order to successfully telecommute:**

**Supervisor or Provost**

I have discussed the possibility of telecommuting with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Supervisor/Provost Signature \_\_\_\_\_ Date \_\_\_\_\_

**TELECOMMUTING APPLICANT**

I have discussed telecommuting with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute. I have read the telecommuting policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that telecommuting can be terminated at any time by Sarah Lawrence or me.

Telecommuting Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

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**HUMAN RESOURCES**

Senior Staff Approval Secured  Yes  No

Human Resources Approval Secured  Yes  No