



University of Texas Health Science Center at Houston
Telecommuting Proposal

Date: _____

Employee's Name: _____ Title: _____

Supervisor's Name: _____ Department: _____

I, _____, am requesting to telecommute with
(Name)
my job as _____, beginning
(Job Title)
on _____.
(Date)

Potential impact of my telecommuting on my department may include the following (e.g. impact on operations/work flow, potential advantages, potential disadvantages):

The schedule I would desire for telecommuting is:

My alternative work site is located:

A description of this alternative work site is:

(eg. a spare bedroom with door away from most family activity that is well ventilated, has good lighting, many electrical outlets, phone jack, etc.)

Equipment I would need from this department would include:

Equipment I already own and am willing to use includes:

My expectations from the department to support me in telecommuting are:

(e.g. provide PC, fax, modem, telephone line, pay for insurance on equipment)

My expectations for supervision are:

(e.g. frequency, how work would be reviewed)

Check one:

I do not have dependent care needs

I do have dependent care needs that are met as follows:

I would like to review my telecommuting agreement in _____ months to determine its effectiveness on my job performance.

Thank you for your consideration.

Employee Name