

Telecommuting: Request Form

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Employee Nam	e:	
Job Titl	e:	
Date of Hir	e:	
Manage	r:	
Reason for request:		
How will telecommuting	ng benefit PAVIR?	
What is your proposed	l telecommuting schedule / ho	ours?
Describe the proposed	workspace in your home:	
What equipment / tech	nology will be needed in orde	er for you to telecommute effectively?
What tasks will be con	npleted while telecommuting?	
How will telecommuting	ng change your current work	practices?
How will you commun	icate with your manager?	
Approvals:		
Manager:		
	Name	Signature
HR Director:	David Luther	
	Name	Signature
PAVIR CEO:	Kerstin Lynam	
	Name	Signature

Board approved 1/25/17