



## TELEWORKING REQUEST FORM

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

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Number of weeks I would like to do mobile working while on FMLA leave or sick leave \_\_\_\_\_

Please describe how you think your job responsibilities are suited for telecommuting \_\_\_\_\_

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### MOBILE WORKING APPLICANT

I have discussed mobile working 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 telecommuting can be terminated at any time by the Village of Romeoville or me.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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### SUPERVISOR

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

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

### HUMAN RESOURCES

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

### Reason

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Signature \_\_\_\_\_ Date \_\_\_\_\_