



**COMMANDER NAVY RESERVE FORCE
TELEWORK REQUEST FORM
(FOR "ELIGIBLE" EMPLOYEES ONLY)**

EMPLOYEE INFORMATION	
Employee Name:	Job Title:
Supervisor Name:	Alternate Worksite Address: Home: Other:
Type of Telework Request: CORE - Work performed at an alternate worksite on a routine, regular, and ongoing basis. SITUATIONAL - Work performed at an alternate worksite for a short period of time, as needed. COOP - Continuity of Operations Plan (COOP)	
Requested telework schedule (by pay period):	Week 1: S M T W Th F Sa
	Week 2: S M T W Th F Sa
EMPLOYEE SIGNATURE	
I have read the Telework Policy and completed the Telework Training and reviewed the contents of the Telework Agreement.	
Signature of Employee _____	Date _____

SUPERVISOR APPROVAL
I have reviewed the position and employee eligibility criteria and the needs of the organization. Based on this review, I have determined that telework should be: Approved Denied
Signature of Supervisor _____ Date _____
If approved, this form and the proposed Telework Agreement are to be forwarded to the Approving Official for review. If denied, comments outlining the reason(s) for the decision are to be documented below and the request is to be returned to the employee. This decision is final <i>and is not appealable, grievable, or subject to review.</i> Comments:

AUTHORIZED OFFICIAL APPROVAL
I have reviewed the employee's position, the supervisor's recommendation, and the proposed Telework Agreement. Based on this review I have determined that telework should be: Approved Denied
Signature of Approving Official _____ Date _____
If approved, this form and the proposed Telework Agreement are to be returned to the appropriate supervisor for signatures. If denied, comments outlining the reason(s) for the decision are to be documented below, and the form and agreement are to be returned to the supervisor for proper routing. This decision is final and is not appealable, grievable, or subject to review. Comments: