

# TELECOMMUTING REQUEST FORM



Print this document to complete and sign it.

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

## ***POSSIBLE WORK ADJUSTMENT OPTIONS*** (select a maximum of 2 options)

I am requesting the following work adjustment(s):

- \_\_\_\_\_ 1. Permission to telecommute, working 1-4 days per week from an alternate work location. Approval of this request requires a Telecommuting Agreement from the employee.
- \_\_\_\_\_ 2. Permission to telecommute 5 days per week from an alternative work location. Approval of this request requires a Telecommuting Agreement from the employee.

## ***REASON FOR REQUESTING A WORK ADJUSTMENT*** (select only 1 option)

- \_\_\_\_\_ I would like to request an accommodation under ADA (please go to Page 2).
- \_\_\_\_\_ I would like to implement a telecommuting agreement.

## ***EMPLOYEE UNDERSTANDS AND AGREES TO THE FOLLOWING:***

- ✓ I understand I do not make an adjustment to my work schedule or work location on my own.
- ✓ I understand that filling out and submitting this form to my supervisor is not an approval of a telecommuting agreement.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Received by Supervisor (Please initial and date):** \_\_\_\_\_

**Print this document to complete and sign it,  
then send it to your supervisor for any non-ADA request.**



If the request is for an ADA accommodation, submit to Kathryn Egghoian, Benefits Coordinator in Human Resources at CSN – [Kathryn.Egghoian@csn.edu](mailto:Kathryn.Egghoian@csn.edu). At such time, the interactive process will be initiated.

Human Resources recommends maintaining a copy of this completed document for your records and saving your email submission.

### ***INSTRUCTIONS ON HOW TO SUBMIT TO YOUR SUPERVISOR OR HUMAN RESOURCES***

**You must print the document and complete and sign it, then send it to your supervisor for any non-ADA request.** If the request is for an ADA request, submit to Kathryn Egghoian, Benefits Coordinator in Human Resources

#### **Sending Options:**

**1. For non-ADA requests, scan and email to your immediate supervisor.**

- a. If you are on campus, you can print and scan from your department copier.
- b. There is scanning software from Adobe (Adobe Scan), or you can download a free document scanning app from your app store.
- c. Take a picture of each page and attach each picture to an email to your supervisor.

**2. For ADA requests, scan to [Kathryn.Egghoian@csn.edu](mailto:Kathryn.Egghoian@csn.edu) or mail to:**

- a. Kathryn Egghoian  
Benefits Coordinator  
Human Resources  
College of Southern Nevada  
6375 W. Charleston Blvd., E-411  
Las Vegas, NV 89146  
(702) 651-7457 Office  
(702) 651-7659 Confidential Fax

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