



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ADMINISTRATION

Division of Human Resources

Teleworking Request Form

To be completed by requesting employee. Please Print.

Employee Name: _____ Employee Job Title: _____

Division: _____ Director Name: _____

I would like to Telework beginning on: _____

MM-DD-YYYY

I would like to Telework on the following days: *(check all that apply)*

Monday Tuesday Wednesday Thursday Friday

My teleworking hours will be: *(scheduled breaks to be taken within this time)*

7:30am – 3:30pm 8:00am – 4:00pm 8:30am – 4:30pm 9:00am – 5:00pm

I believe the following task(s) that I am currently assigned might be appropriate for teleworking:

I have read the State's current Teleworking Policy and related documents and agree to comply with all provisions in these documents.

Attached is my completed Telework Agreement which will need to be reviewed and approved along with this request form by my Manager/Supervisor, the Agency Division Director, and the Executive Director of Human Resources/Personnel Administrator.

Employee Signature

Date