



Channel Islands
CALIFORNIA STATE UNIVERSITY

Telecommuting Proposal Form

Contact Information:

Employee Name: _____

Job Title: _____ Department: _____

Email: _____ Phone Number: _____

Justification for Request (To be completed by the employee):

Current work schedule:

Work plan for how to accomplish current duties:

Advantage to the Department:

Impact on co-workers and internal/external customers:

Plan for Communication/Cooperation:

Plan for Continuity:

Proposed Start Date:

Proposed new work schedule (if applicable):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Employee Signature: _____ Date: _____

Supervisor Comments:

Supervisor's Name: _____

Job Title: _____ Department: _____

Email: _____ Phone Number: _____

Human Resources Review:

Approved: Yes No

Reviewed by: _____ Date: _____

Date of next review: