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| Hybrid Work Request Form | |
| Employee Name   |  | | --- | |  |   Employee ID   |  | | --- | |  |   Job Title   |  | | --- | |  |   Name of Supervisor   |  | | --- | |  |   Reason for Hybrid Schedule Request   |  | | --- | |  |   Remote Work Location   |  | | --- | |  | | |
| **Hybrid Work Schedule**  Monday Tuesday Wednesday Thursday Friday Saturday Sunday   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   Onsite  Remote  Start Time  End Time  *If applicable, specify any requested days scheduled partially onsite and remote, and the allotted hours for each location*   |  | | --- | |  | | |
| Request Start Date Request End Date   |  | | --- | |  | | Additional Notes (Scheduling, Equipment or Other Requests)   |  | | --- | |  | |
| I am requesting authorization for a hybrid work schedule, which includes working remotely as described in this form. At the discretion of my manager, at any time I am prepared to return to the workplace. I have read, understand and agree to comply with [insert company name]’s remote work policies. I understand that remote work privileges can be terminated at any time. My signature serves as proof that I agree to these terms and conditions.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature Date | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature Date | |