



## Teleworking Request

**To be completed by the Supervisor of employees who have not been assigned to telework but desire to telework.**

The purpose of this form is to provide a detailed plan for the desired teleworking arrangement.

Name:	ULID:
Job Title:	Department:
Effective date(s) of arrangement:	This is a request for an ADA accommodation* <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the ADA/EEO Coordinator at [hrcompliance@louisiana.edu](mailto:hrcompliance@louisiana.edu).

1. Describe how communication (i.e., meetings, email, answering phone calls, voicemail, etc.) will be coordinated (with coworkers, supervisor, colleagues, customers, etc.).

2. Describe how and when this arrangement will be evaluated.

3. List remote workplace location(s) (street address, city, state, and zip code)

4. Indicate specific or various types of assignments to be performed by employee at the remote work location. Attach a job description.

5. List university equipment and software that will be used by the employee in the remote workplace location and will be returned to the university immediately upon expiration or termination of this agreement.

6. Describe elements of the job that cannot be completed off-site and how they will be handled.

7. Describe how information security and privacy requirements will be met.

8. Describe how university equipment will be maintained.

9. The Employee is prohibited from doing the following tasks while teleworking (e.g., printing and storing sensitive data at home, saving confidential information on a personal computing device, etc.).

I have read and understand the above arrangement and certify that I have read and agreed to the Teleworking Terms and Conditions. I understand that my failure to adhere to the expectations set by my supervisor may have an adverse effect on my employment and may result in disciplinary action, including, but not limited to the immediate withdrawal the teleworking arrangement.

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Employee

Date

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Department Head

Date

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Provost/Vice President

Date

- This request is approved
- This request is denied at this time