



**University of Texas Health Science Center at Houston  
Telecommuting Proposal**

**Date:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

I, \_\_\_\_\_, am requesting to telecommute with  
(Name)  
my job as \_\_\_\_\_, beginning  
(Job Title)  
on \_\_\_\_\_.  
(Date)

Potential impact of my telecommuting on my department may include the following (e.g. impact on operations/work flow, potential advantages, potential disadvantages):

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The schedule I would desire for telecommuting is:

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My alternative work site is located:

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A description of this alternative work site is:

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(eg. a spare bedroom with door away from most family activity that is well ventilated, has good lighting, many electrical outlets, phone jack, etc.)

Equipment I would need from this department would include:

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Equipment I already own and am willing to use includes:

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My expectations from the department to support me in telecommuting are:

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(e.g. provide PC, fax, modem, telephone line, pay for insurance on equipment)

My expectations for supervision are:

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(e.g. frequency, how work would be reviewed)

Check one:

I do not have dependent care needs

I do have dependent care needs that are met as follows:

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I would like to review my telecommuting agreement in \_\_\_\_\_ months to determine its effectiveness on my job performance.

Thank you for your consideration.

\_\_\_\_\_  
Employee Name