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## Extended Telework Agreement

**Instructions:** The following fully approved agreement is required before an employee can work at an alternate work location for more than two days per workweek.

Employee Name	Employee ID	Date of Hire
Job Code/Title	Department	Supervisor

Salary Plan:    A&P    USPS    OPS    AEX    Faculty      FLSA Exempt:  Yes    No

**Reason for Extended Telework**

- Other       Short-term Medical (Non-Disability)       In Conjunction with Parental Leave

\*For Disability (ADA) or Pregnancy related reasonable accommodation requests, use the following forms:

- [Disability Related Request](#)
- [Pregnancy Related Request](#)

Justification for Telework:

  
  
  
  

**Proposed Telework Period:**

\_\_\_\_\_      \_\_\_\_\_  
 Begin Date      End Date

**Proposed Telework Schedule:**

- Fixed (list days and hours):

Fri	Sat	Sun	Mon	Tue	Wed	Thurs

- Flexible (list total hours per day/week): \_\_\_\_\_

**Telework Details:**

Location Description:	Location Address:
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Job Duties/Tasks to be Performed at Alternate Work Location:

