



Supervisor Telework Justification & Approval

Purpose: Document supervisory review, approval justification, and ongoing accountability for telework arrangements.

Employee Name: Job Title:

Department: Unit:

Approved Telework Address:

Duration of Telework Request:

Request Type: ☐ Core ☐ Situational Frequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly

Telework Requested Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Supervisor Justification for Telework Approval (Required)

Please review the Justification Questionnaire, which will be used as a rubric. You may submit an attachment in lieu of using the space below. Describe the business/operational justification and how service delivery, productivity, accountability, and coverage will be maintained.

Supervisor Review and Oversight Confirmation (check each)

- ☐ The position is eligible for telework under institutional policy
- ☐ Telework expectations, productivity standards, and availability have been reviewed with the employee
- ☐ Employee completed the Telework Workspace Certification and Acknowledgment
- ☐ Telework will not negatively impact service delivery, student support, or operational coverage
- ☐ Any conditions or limitations have been clearly communicated to the employee

Supervisor Accountability Statement

By signing below, I confirm the justification is accurate and reflects current operational needs; I will actively monitor performance, productivity, and responsiveness; I will notify HR of changes affecting eligibility; and I understand approval may be modified or revoked based on performance, compliance, or institutional need.

Supervisor Signature: Date:

VP/Cabinet Signature: Date:

HR Representative Signature: Date:

For Office Use: ☐ Approved ☐ Denied