



## 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