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**FLEXPLACE REQUEST FORM**

This form is useful for those who wish to request consideration for a Flexplace or Work-From-Home program. 2 Pages 50-303

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**Thank you!**

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**Flexplace** **(Working Remotely)** **Request** **Form**

If you wish to request consideration for [ORG]’s Flexplace Program, please complete the following fields below. Once completed, please review the form in detail with your immediate manager.

1. Where do you propose to work, (i.e., home, local [ORG] sales office, etc.)?
2. What work schedule do you propose to maintain, (i.e., 7:30am to 4:00pm)?
3. How are your position and associated job responsibilities applicable to working remotely?
4. How will you communicate with your customers, peers, manager(s)?
5. Can you provide a workplace that is safe and free of distractions?
6. What, if any, costs will be incurred as a result of the working remotely arrangement?
7. What are the potential problems that you and the company may incur as a result of this arrangement? What are your suggestions for addressing these potential issues?
8. How will you ensure the security of company assets, intellectual property and materials?
9. Additional comments:

Employee Name Date Employee Signature

Reviewed with \_\_\_\_\_\_\_ on

Manager Name Date