

**The City of Lake Forest  
Telecommute Request Form**

<b>Employee:</b>	
<b>Job Title:</b>	
<b>Requested Effective Date of Telecommuting:</b>	
<b>Reason for Request:</b> <i>Attach additional sheets as needed. <b>Include a detailed work plan and information on work schedule.</b></i>	

**Telecommute Schedule**

Days at Home/ Hours of Work	
Days in Office	

I have read and understand The City of Lake Forest’s Administrative Directive 2-26, Telecommuting Policy, and agree to abide by the telecommuting guidelines outlined in that policy. I understand that any telecommuting arrangement will be on a trial basis for the first three (3) months and, if successful, will be revisited annually. The arrangement may be discontinued **at any time** at the request of either myself or my department head.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Approval**

Title	Signature	Approve	Deny	Date
Department Head				
Director of HR				