

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

Employee:	
Job Title:	
Effective Date of Telecommuting:	
Reason for Request:	

Telecommute Schedule

Days at Home	
Days in Office	

I have read and understand the City of Lake Forest’s “Temporary Telecommuting Policy” and agree to the Telecommute Schedule above.

Employee Signature

Date

Approval

Title	Signature	Approve	Deny	Date
Department Head				
Director of HR				