

**DELTA EXTENDED TELECOMMUTING REQUEST**

**Extended Telecommuting: 5 Consecutive Work Days or More**

Business Process Title: Addendum To The DELTA Telecommuting Agreement  
Form Location: <http://delta.ncsu.edu/business/personnel/>

Business Office Contact: Alexis Simison, 515-8538 alexis\_simison@ncsu.edu  
Last Update: June 2, 2009

The following constitutes an agreement to extend the terms and conditions of the DELTA telecommuting arrangement for the purpose of allowing extended periods of telecommuting outside of the normal workplace. The success of the arrangement will be assessed on a monthly basis to determine if it can continue, whether modifications need to be made, or whether a return to working on campus is needed.

Employee Name:  Current Date

Position Title:  Supervisor Name

Date Begin Extended Telecommuting  Date End Extended Telecommuting

Alternate Work Site Location Information: Email  Phone Number

Address

City  State  Zip Code

Additional Information:

Reason for Request

Duties & assignments to be performed at alternate worksite:

Performance expectations have been discussed with my supervisor and are clearly understood

**SIGNATURES**

Employee		
	Please print full name	Signature
Supervisor		
	Please print full name	Signature
Unit SMT		
	Please print full name	Signature
Vice Provost		
	Please print full name	Signature

Return completed form to DELTA Business Office for processing. Contact [delta-business-office@ncsu.edu](mailto:delta-business-office@ncsu.edu) or X5-4362 with questions