



Maryland Coalition Against Sexual Assault

Working to end sexual violence in Maryland

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Proposal for Telecommuting

Submitted by: [Employee Submitting Proposal]

Submitted to: [Supervisor Name]

Date Request Submitted: [Month ##, 201#]

I am requesting a telecommuting schedule. If approved, I request that this weekly schedule go into effect on [Month ##, 201#].

Mondays: Begin Time-End Time (in office/telecommute)

Tuesdays: Begin Time-End Time (in office/telecommute)

Wednesdays: Begin Time-End Time (in office/telecommute)

Thursdays: Begin Time-End Time (in office/telecommute)

Fridays: Begin Time-End Time (in office/telecommute)

This schedule maintains a 40-hour work week while working from home every [ENTER DAY OF WEEK HERE]. Telecommuting one day per week was something discussed and encouraged during the interview process and when the position was offered. I have home Internet access, a cell phone, a computer, and a home office space with a printer and scanner. I understand that MCASA does not reimburse for expenses related to telecommuting, and that I cannot take inclement weather leave on work-from-home days. I also understand that this agreement does not guarantee I will be at home on my telecommute days; I may need to attend meetings or go to the office, as needed.

When working from home, I will check MCASA email and my cell phone's voicemail every hour. I will check in with the office and listen to my office voicemail twice per day. I will use my cell phone to speak with MCASA staff from home. I will also be able to upload documents to Dropbox and do any other Internet-related activity, including installing VPN on my home computer so I can access and ensure all documents are up-to-date on the shared drive.

Program staff will be regularly on-site on [TELECOMMUTE DAY]. I can and will read and respond to emails just as quickly and easily from home as I can from the office. I will keep my gchat open while I am telecommuting. I acknowledge that if a telecommuting agreement is issued by MCASA, it may be revised or discontinued at any time.

Recommended by [Supervisor Name]:

Approved by Executive Director: