



Working From Home*

(With prior approval, submit 1 form per day worked from home.)

EMPLOYEE NAME (Print)

EMPLOYEE ID NUMBER

DEPARTMENT/DIVISION

Please indicate the following:

_____ Hourly Employee OR _____ Salary Employee

_____ Full Time (Pay Code 114) OR _____ Regular Part Time (Pay Code 314)

<u>DATE</u>	<u>HOURS</u>	<u>ASSIGNMENT/WORK PERFORMED</u>

TOTAL NUMBER OF HOURS WORKED PER DAY: _____

Employee Signature

Date

Department Director's Signature

Date

***Once approved, submit to Finance with your department's payroll.**