

Telework Confirmation Form

By signing this form, I confirm that I have reviewed the existing Telework Agreement Form for the following employee and approve the number of days listed below.

Employee Name: _____

Number of Telework Eligible Days: _____

Variable or Fixed: _____

Fiscal Year: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Please return the signed form to dburton@umw.edu.