

Work From Home Request and Approval Form

This form is used to request and document authorization for a Work From Home (WFH) arrangement. Please fill out all fields below before printing for final signatures.

1. Employee Information

Employee Full Name:

Employee ID:

Job Title / Position:

Department:

Direct Supervisor:

2. Request Details

Proposed Start Date:

Proposed End Date (If temporary):

Requested WFH Days per Week:

Reason for Request:

3. Technology & Workspace Check

Required Equipment to be Taken Home:

Internet Connection Stability and Speed:

Safe and Ergonomic Home Workspace Confirmed (Yes / No):

4. Employee Acknowledgment

By signing below, the employee agrees to remain accessible during core working hours and to comply with all company IT security policies.

Employee Signature:

Date:

5. Supervisor and HR Approval (For Office Use Only)

Request Status (Approved / Denied):

Conditions or Comments:

Supervisor Signature:

HR Representative Signature:

Final Approval Date: