

**Work from Home Eligibility Request**

Employee Name:

Department:

Date of Request:

Based on the criteria outlined in the company’s Work from Home policy, I am requesting approval for eligibility to participate in the program:

**Eligibility**

* All permanent, full time employees with one year of service are eligible to apply to work from home up to one day per week.
* Work from home is subject to position eligibility, and is at the discretion of your manager.
* Employee productivity is subject to verification.
* Must have a 3.0 or higher performance score.
* Cannot have current verbal or written disciplinary action on file.
* Department EC rating must be above 75.

By my signature below, I certify that I meet all eligibility requirements.

Employee Signature: Date:

Printed Name:

Approved By: Date: