

# Flexible Remote Work Authorization Form

## Employee Information

Full Name

Employee ID

Department

Position

Email

## Remote Work Details

Type of Remote Work

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Remote Work Schedule

e.g. Mondays, Wednesdays (9am–5pm), or details

Remote Work Location

Reason/Justification

## Manager Authorization

Manager Name

Manager Email

Approval Date

Employee Signature: Date:

Manager Signature: Date: