

**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
TELECOMMUTING EXTENSION**

**This form is to be completed if an extension to telecommuting is requested. The member must have a current telecommuting application/agreement on file in order for this form to be approved.**

Member Name \_\_\_\_\_ People First ID \_\_\_\_\_

Division \_\_\_\_\_ Bureau \_\_\_\_\_

Class Title \_\_\_\_\_ Position Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Current Telecommuting End Date \_\_\_\_\_

Extension Requested Through \_\_\_\_\_

Based on the job duties and responsibilities of this position, we are requesting to continue the telecommuting agreement. We have reviewed the current Telecommuting Application on file and agree that no changes need to be made.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**APPROVAL**

Division Director \_\_\_\_\_ Date \_\_\_\_\_

Chief, Bureau of Personnel Services \_\_\_\_\_ Date \_\_\_\_\_

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**PERSONNEL ACTIONS**

- Telecommuting extension form filed in member's personnel file with signatures.
- Copy of approved telecommuting extension form sent to division.