UNIVERSITÄT PADERBORN
Die Universität der Informationsgesellschaft

To
Vice-President of Operations
Paderborn University
- Human Resources Dept. -
Sent through official channels

Request to Participate in the Alternating Telework Programme

I hereby request approval to work from home some of the time. My work is suitable for telework and comprises duties and tasks that are compatible with telework.

Contact information

Surname		First name	
Division		Phone no.	

☐ I am raising a child under the age of 18 in my household
☐ I provide care for a relative living in my household

Telework location

Address of the home workplace	
Required equipment / measures for setting up the home workplace (Please provide a detailed list)	
Estimated one-time cost for furnishing and equipping the workplace (in €)	
Ongoing monthly/annual costs (in €)	
Billing object (account) allocated to finance the ongoing costs	

Working Hours

☐ I am employed in a full-time position
☐ I am employed in a part-time position and work   hours/week

My substitute (holiday cover) is:

I have a flexible worktime (flexitime) arrangement   ☐ Yes   ☐ No
(If you have a flexitime arrangement, the weekly working hours must be distributed evenly across all selected working days)

The telework arrangement should be in effect for a period of:
(Please note: The maximum duration is two years; a period of at least two weeks in advance is required for processing the request)

from	to

Distribution of working hours/schedule:

Weekday	Working time in hours/minutes on (day…)	Working time in hours/minutes (not including breaks)		Attendance time at home workplace (Please note: The specified attendance time must be at least from 9:00 to 11:30 am in the morning and 1:30 to 4:00 pm in the afternoon. Individual arrangements can be made for part-time employees).	
		Home workplace	University workplace	Available mornings from/to (time)	Available afternoons from/to (time)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

_____
Date, signature of applicant

Assessment by the supervisor:

☐ The request is approved in full
☐ The request is not approved in full, if necessary, please submit any remarks separately.

Any required technical assistance will be provided by Ms/Mr _____

_____
Date, signature of supervisor