EMPLOYEE INFORMATION	
-ull Name	
diritatio	
Position/Title	
Department	
REMOTE WORK LOCATION	
Address	
City	
State/Province	
Postal Code	
0000	
Country	
REMOTE WORK PERIOD	
Start Date	
Start Date	
End Date	
MANAGER CONFIRMATION	
Manager Name	
variage: Name	
Date	
Employee Signature	