

Home Office Set-Up Authorization Form

Employee Details

Full Name

Position/Title

Department

Email

Home Office Address

Street Address

City

State/Province

Zip/Postal Code

Work Schedule

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Equipment & Resources Needed

Item	Quantity	Notes

Comments or Special Requests

Employee Agreement

I agree to comply with the company's remote work policies and requirements.

Employee Signature

Date

Manager Approval

Manager Name

Manager Signature

Date