



**Telework Authorization  
(HUM-F135)**

Principal/Supervisor: \_\_\_\_\_

Employees Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date Range: \_\_\_\_\_

The above listed employee has requested to telework while on a leave, they have completed the required leave request forms. I have determined that they are eligible to complete their duties while working remotely in an effort to serve students and provide continuity to the educational services. The certified employee understands this is temporary and optional for them, and only applicable for student instructional days.

**I will review and approve the telework log (HUM-F117) when the employee returns to the school building in the leave portal.**

\_\_\_\_\_  
Principals/Supervisors Signature

\_\_\_\_\_  
Date