

APPENDIX 823 - A



TELECOMMUTING REQUEST FORM

THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE REQUESTING TO TELECOMMUTE.

Employee Name:

Work Phone Number:

Job Title:

Home Phone Number:

Department:

Cell Phone Number:

Supervisor:

Email Address:

PROPOSED LOCATION/SCHEDULE:

1. My position is: Exempt Non-Exempt
2. Requested telecommuting location: _____
3. Telecommuting Days: MON TUE WED THU FRI VARIABLE: _____
4. How many days per month do you expect to telecommute? _____ days
5. Telecommuting Day Schedule: Start: _____ a.m. p.m. End: _____ a.m. p.m.
 - a. **If this in a non-exempt employee:** meal break will be from _____ a.m./p.m. to _____ a.m./p.m.)
6. What hours could you be reached at the telecommuting location: _____ to _____.

TASKS (WHAT ESSENTIAL FUNCTIONS OR TASKS WILL YOU BE COMPLETING WHILE TELECOMMUTING?)

1.
2.
3.
4.
5.

Do you have a County Issued laptop? Yes No

If yes, you may skip to the **Equipment** section.

SOFTWARE (WHAT APPLICATIONS DO YOU NEED ACCESS TO AT YOUR TELECOMMUTING LOCATION TO PERFORM WORK DUTIES) IF YOU HAVE A COUNTY ISSUED LAPTOP, YOU DO NOT NEED TO COMPLETE THIS SECTION.

1.
2.
3.
4.
5.

EQUIPMENT:

Place a check by the following equipment or services that you will need to telecommute. For each item needed, please indicate whether you plan on providing the equipment.

ITEM	NEEDED	ACCESS TO AT TELECOMMUTING LOCATION?	
		YES	NO
Second Telephone Line or broadband? (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Answering Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Voicemail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer virus protection and or personal firewall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jabber Instant Messenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Access to County Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: _____

Date: _____

SUPERVISORS AND DEPARTMENT HEADS MUST COMPLETE THIS SECTION:

	YES	NO
Are the job duties to be performed conducive for telecommuting?	<input type="checkbox"/>	<input type="checkbox"/>
Is the employee's job performance conducive for telecommuting? (consider the employee's work habits and past job performance)	<input type="checkbox"/>	<input type="checkbox"/>
Can arrangements for the equipment be made without presenting a financial hardship on the department?	<input type="checkbox"/>	<input type="checkbox"/>
Can a cost saving be realized from this telecommuting arrangement? (e.g. office space reduced) Please specify:	<input type="checkbox"/>	<input type="checkbox"/>
Are performance metrics related to telework available upon request?	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's recommendation on telecommuting request: Approved Denied

Supervisor's Signature: _____

Date: _____

Department Head: This telecommuting request is: Approved Denied

Department Head's Signature: _____

Date: _____

If this is a non-exempt position; Human Resources Director approval is required:

Human Resources Director (non-exempt position requests): This telecommuting request is: Approved Denied

Human Resources Director's Signature: _____

Date: _____

**Please note: This request is only approved all necessary approvers have signed the request form and a Telecommuting Agreement form (Appendix 823-B) has been completed.*