



# Telework Request Form

This Telework Request form is intended to provide employees and supervisors with the criteria and assess the benefits for successful teleworking arrangements. This will be used to ensure a consistent and fair method of processing teleworking requests. The Telework Request Form should be completed in advance of a regularly scheduled telework arrangement.

Employee Name:	
Position Title:	
Office Location:	
Office Phone:	
Supervisor Name:	
Home Location:	
Cell Number:	
Date of Request:	

To ensure a successful telework experience, please answer the following:

- Are you self-directed and comfortable working without close supervision? \_\_\_\_\_
- Do you manage your time well? \_\_\_\_\_
- Are you comfortable working alone for long periods? \_\_\_\_\_

Identify which elements of your job can be performed offsite and which cannot:

Circumstances under which you want to telework? (Choose one)

- \_\_\_\_ Special project work
- \_\_\_\_ Critical work assignment
- \_\_\_\_ Regular work duties
- \_\_\_\_ Other: \_\_\_\_\_

What tools, equipment, and technology will be needed for work to be completed effectively?

Can you provide assurances that when teleworking, District-provided technology will be used for work related purposes and for the performance of job duties? \_\_\_\_\_

Can you provide assurances that you understand it is your responsibility to physically secure District-provided technology and to report any loss to the Technology Department immediately? \_\_\_\_\_

What impact will your proposed arrangement have on your department, supervisor, colleagues, and customers?

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Use:

	Approved	Telework Agreement will be developed by this date: _____
	Not Approved	Rationale:

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of this form should be maintained by the employee and supervisor.***