Asset 2@4x

**MANAGEMENT / CONFIDENTIAL PROFESSIONAL EMPLOYEE**

**TELECOMMUTING APPLICATION**

Name:

Current Official Work Location:

Job Title:

Supervisor:

2nd Tier Manager:

1. I am seeking the following telecommuting arrangement (check one):

\_\_\_\_\_ Scheduled (An employee has regular agreed-upon days to work from a remote location for part of the work week.)

\_\_\_\_\_ Intermittent (An employee who may intermittently work from a remote location. This is generally to support a special project or ad-hoc task.)

Please provide further details in this space if desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The requested duration of the agreement is the following:

From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yy) (mm/dd/yy)

1. I will telecommute \_\_\_\_\_day(s) per pay period.

Mon Tues Wed Thurs Fri

Mon Tues Wed Thurs Fri

1. My scheduled work hours will be from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_.
2. Proposed Telecommuting Location and Telephone:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Iexpect to perform the same job duties as those included in my job description at the telecommuting location. Include any materials, records or other work products you need to perform your job duties and whether any of those materials are confidential or protected.
2. I will communicate with my supervisor, co-workers, and work-related contacts through the following channels while telecommuting:
3. Telecommuting is expected to increase my efficiency and productivity in the following ways (if requesting an extension please describe how the previous telecommuting agreement impacted this area):
4. My supervisor will be able to monitor my work productivity in the following ways:
5. The following equipment will be used at the telecommuting site: (please specify whether equipment is agency-owned or employee-owned).

Item Owner Item Owner Item Owner Item Owner Item Owner

1. By signing this application, I attest that I have:

# Reviewed the Telecommuting Policy for CSCU Management & Confidential Professional Employees and I understand my rights and obligations under the Policy and any related policies.

# Understand that telecommuting is strictly voluntary and may end without cause, by either party.

# Agree that the agency reserves the right to modify this arrangement at any time.

# Understand that this telecommuting application must be approved and signed before I begin telecommuting.

# Nothing contained in this application conveys nor is intended to convey upon the employee a contract of employment.

# This telecommuting agreement is governed by and complies with all policies and procedures reference therein, as well as all other applicable state and agency policy and procedures. The undersigned have read, understand and acknowledge abiding by these policies.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Employee’s Signature Date*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Supervisor’s Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*2nd Tier Manager’s Signature Date*

This agreement was modified was ended is new is being renewed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*HR Shared Services / Chief HR Officers Signature Date*

***COPY TO BE FILED IN EMPLOYEE’S PERSONNEL FILE.***