



**Purpose of form**

This form is completed by the employee to officially request a telework arrangement. The supervisor will use the information on this form to make a decision to approve or deny the application.

**Complete all sections and submit to your supervisor for review.**

**Employee Information**

Employee Name	Job Title	Phone Number
Employee Number	Position Number	Work Station Location
Supervisor Name	Job Title	Phone Number

**Suitability Information**

Has your position been determined as suitable for telework? Yes    No	Have you completed the Telework Self-Assessment? Yes    No
Do you have a suitable telework location identified? Yes    No	Do you have all needed equipment for telework location? Yes    No

Describe equipment that you may need:

Will this location (office space or home office space) be:

Used solely by me            Yes    No

Shared with another        Yes    No

If yes, please indicate who:

**Job Duties**

List your current job duties and responsibilities. Include any task you are currently working on that are good fit for telework.

Describe any challenges to completing your assigned duties that you anticipate during a telework day:

<b>Commute Trip Reduction Savings</b>			
Round Trip Miles to Official Work Station	Round Trip Minutes to Official Work Station	Round Trip Miles to Alternate Work Station	Round Trip Minutes to Alternate Work Station
<b>Policy Checklist</b>			
Verify you have read and understood the policies listed. If you check any box "no", be prepared to discuss what has not been read or what questions you have about the policy. Before a telework arrangement can be approved, all the listed policies must be read and understood.			
1. Telework EO 1088.00		Yes	No
2. Employee Use of Electronic Communications Systems EO 1021.00		Yes	No
3. Ethics in Public Services EO 1004.00		Yes	No
4. Information Technology Security PS 2017.01		Yes	No
_____ Employee Signature		_____ Date	
<b>Supervisor to complete</b>			
Telework Approved		Effective Date:	
Telework Denied		Effective Date:	
<b>If Telework is denied complete Management's Response to Telework Request form also.</b>			
_____ Supervisor Signature		_____ Date	