



Department of Administration Telecommuting Request and Agreement Form

Supports the Department Telecommuting Policy

Employee Name:				Division/Work Location:			
Supervisor's Name:				Date:			
Requested Work Schedule:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Telecommuting Hours:							
Office Hours:							
Primary Alternative Work Location:				Phone Number(s):			
What equipment is required to successfully complete your work? List of Items:						Employee Provided	Employer Provided
Describe the responsibilities and tasks that you will be able to accomplish from your telecommuting location. (Attach pages as necessary).							

Individual Telecommuting Agreement: The supervisor and employee must work together to create an individual telecommuting agreement. The agreement must include methods of communicating, planning, and monitoring workload. (Attach pages as necessary).

I have read and understand my responsibilities as a telecommuter and agree to comply with all the provisions of the Department of Administration Telecommuting Policy.

This agreement expires in one year from the date signed, or sooner as explained in the related Department Telecommuting Policy.

Employee Signature: Sign and Print Name

Date

Supervisor Signature: Sign and Print Name

Date

Approved Denied

Appointing Authority Signature: Sign and Print Name

Date

Approved Denied

The supervisor must maintain a copy of this form and provide a full copy to the Division Administrator and the Department Director or his/her designee. This form must be forwarded to Agency Human Resources Services.