



Application Form and Telecommuting Agreement

Employee Name: _____ Employee Number: _____

Classification: _____ Department/Division: _____

Please fill out the below for the desired schedule you wish to work and submit this request to your supervisor for review and approval. Alternating bi-weekly schedules are allowed only by departmental discretion.

NOTE: Departments may establish core hours that each of their employees must work daily and may determine the length of an employee's lunch break (must be in compliance with BOLI).

	Location	Start	Lunch	End	Total Hours
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Week 2 (if applicable)

	Location	Start	Lunch	End	Total Hours
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Requestor Comments (Applicants: Enter any specific information you would like to share with your Supervisor and Department Director to assist them in evaluating your proposed telecommuting schedule.)

- I request that the above schedule become effective (beginning of a pay period) on: _____
- I am requesting a temporary adjustment to my schedule effective (beginning of a pay period) on: _____
end on: _____ (end of a pay period).

Location Factors:

Do you have an appropriate workspace for telecommuting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where do you intend to work while telecommuting?		
Do you have additional home responsibilities that will interfere with telecommuting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how do you propose to manage those to meet work expectations?		

Equipment Necessary to Telecommute	Choose One	Equipment Necessary to Telecommute	Choose One
Computer		Phone Line	
Internet		Voice Mail	
Increased Internet Speed		Scanner/Printer	
Router/Modem		Other (Fill Out Below):	
Other:			

Acknowledgement:

I understand that my Telecommuting Agreement is a privilege which may be modified, suspended, or terminated at any time by my supervisor. I understand that telecommuting workdays have the same expectations as on-site workdays including, but not limited to, security of confidential data, workload size and management, work quality, professional communications, schedule adherence (scheduled start time, break, meal periods, ending time), overtime pre-authorization, and use of sick, vacation, or other leaves.

When telecommuting, I will stay actively engaged in my work, as opposed to remaining "available if needed" and be accessible via computer and phone (if applicable). I will attend all scheduled meetings using remote tools with full participation. I agree to keep my supervisor informed of my progress on assignments as required. I understand that I may be required to adjust or forego my telecommuting day(s).

I will promptly notify my supervisor when I am unable to perform work assignments due to equipment failure or other unforeseen circumstances. I understand that while telecommuting I must be able to return to the physical work site if requested within a department-specified time period, for example: within 90 minutes.

I have read and understand Policy and Procedures 311 Telecommuting Agreement and I agree to abide by the terms and conditions outlined. I agree that the sole purpose of this agreement is to establish a predictable telecommuting arrangement and that it neither constitutes an employment offer nor amends any existing employment conditions.

I will be ready and easily available at the following phone number while telecommuting: _____

I attest that my remote internet connection is high speed.

Signature of Employee: _____ Date: _____

APPLICANT STOP HERE

After completing the evaluation form below, this request is: Approved Denied

Signature of Supervisor: _____ Date: _____

Signature of Appointing Authority or Designee: _____ Date: _____

TELECOMMUTING EVALUATION FACTORS

As described in Policy 311 Telecommuting/Remote Work, department directors may establish additional departmental criteria or factors. Please rate each: High (H), Medium (M), or Low (L) by checking the appropriate box.

POSITION FACTORS:

Position Suitability for Telecommuting	H	M	L	None
Amount of face-to-face interaction required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to schedule face-to-face interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer interaction required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone interaction required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability for work to be controlled and scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurable output capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of in-office reference material required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet public service expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dept Criteria: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor: Is this position suitable for telecommuting? _____

Supervisor comments:

[Insert limiting factors or logic for denials.]

EMPLOYEE PERFORMANCE FACTORS:

Employee Ability to Telecommute	H	M	L	None
Organization and planning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for supervision, frequent feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Necessity for interface with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of overall work experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for distractions while working at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dept Criteria: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor: Does this employee's performance permit telecommuting? _____

Supervisor comments:

[Insert limiting factors or logic for denials.]

EQUITY FACTORS:

	Yes	No	N/A
1. Are there other similar classifications/positions in the department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1a. Are they considered suitable for telecommuting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Are those individuals working at a similar performance level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Are those individuals producing a similar volume of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Dept Criteria: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What, if any, undue hardship, has the department identified as prohibiting or limiting telecommuting for the department/team/workgroup, or individual?			

Supervisor: Has this position and employee been considered equally with other staff? _____

Supervisor comments:

[Insert limiting factors or logic for denials.]

LOGISTICS INFORMATION:

If approved to telecommute, this section should be completed with supervisor and employee and retained in the department for accountability and property inventory purposes.

County-issued Devices:

[List each County-issued device separately.]

Communication Expectations:

[Enter general communication expectations.]

Workload/Productivity Expectations:

[Enter general description of duties.]

Timeframe in which must be able to return to office:

within [recommend 60 - 90 minutes]

SUSTAINABILITY MEASURES:

If approved, supervisor and employee will complete this section for County-wide analysis and reporting purposes only:

Mileage saved for each day telecommuting: _____

Commute time saved for each day telecommuting: _____

Associated expenses saved for each day telecommuting: _____

Greenhouse Gas Calculation:

A) Total Round-Trip Daily Driving Miles for Commute	
B) Average Fuel Efficiency of Vehicle (MPG)	
C) Average Number of Days Teleworked per Week (x52 for Annual)	
D) Commuting Miles Avoided per Year (A x C)	
E) Gallons of Fuel Avoided per Year (D / B)	
F) Pounds of Carbon Dioxide (CO ₂) Emissions Avoided per Year (E x 20)	