

## Telecommuting Program Application and Work Plan

### A. Employee Information (to be completed by the applicant) – PLEASE PRINT

Please check one:  New Application  Application for Renewal

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Desk Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Department: \_\_\_\_\_

Current Work Schedule (hours/days): \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

*Emergency Contact Information: (voluntary)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently serving a probation period? Yes No

### B. Equipment

Do you have an employer issued laptop?  Yes  No Inventory Tag #: \_\_\_\_\_

Do you have a personal computer (PC)?  Yes  No

Applicant Name and Title: \_\_\_\_\_

## Telecommuting Work Plan

**Rationale for the Telecommuting Agreement:**

*Please describe the reason for the request/assignment:*

**Telecommuting Location:**

*Address of Work Location:*

*Telephone:*

*Email Address:*

<i>Address of Work Location:</i>	<i>Telephone:</i>
<i>Email Address:</i>	

**Work Schedule:**

I will be available to my manager and other key customers during the following times as part of this agreement:

*Start Date of Telecommuting Schedule:*

*End Date of Telecommuting Schedule:*

*Regular Telecommuting Schedule (Include days/hours you will be working at the telecommuting work location. All other workdays are presumed to be at the campus):*


Applicant Name and Title: \_\_\_\_\_

**Performance Goals and Work Plan:**

<i>Projects/Job Functions to be performed while telecommuting:</i>	<i>Observable measures that demonstrate successful progress on each Project/Job Function:</i>	<i>Contacts/Others involved in completion of project:</i>	<i>Deadline date:</i>
1.			
2.			
3.			
4.			

Applicant Name and Title: \_\_\_\_\_

**D. Attestation**

I have received, read, and will comply with the Campus Telecommuting Program, my campus or RF employee handbook as applicable, and the following policies if any (to be completed by manager):

\_\_\_\_\_

\_\_\_\_\_

*By entering your name, you are signing this document and agree to abide by all rules and guidelines.*

\_\_\_\_\_  
 Employee Name

\_\_\_\_\_  
 Date

***\*Submit the application to your immediate supervisor/manager for review.***

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**This section should be completed by immediate Supervisor/Manager within 7 days of receipt**

Date submitted to immediate Supervisor/Manager (or designee): \_\_\_\_\_

I have reviewed the application and the employee:

Meets criteria

Does not meet criteria (if this option is selected, you **must** complete both boxes below)

<p><b>Choose all that apply:</b></p> <p><input type="checkbox"/> Performance concerns</p> <p><input type="checkbox"/> Duties require physical presence at official work site</p> <p><input type="checkbox"/> Technology/equipment limitations</p> <p><input type="checkbox"/> Operational hardship</p> <p><input type="checkbox"/> Task cannot be quantified and/or evaluated</p> <p><input type="checkbox"/> Other</p>	<p><b>Provide additional information to support your decision:</b></p>
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*By entering your name, you are signing this document.*

Supervisor/Manager Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Title: \_\_\_\_\_

Supervisor/Manager Email Address: \_\_\_\_\_

**\*Supervisor/manager: submit application to your division/department head (or designee).**

Applicant Name and Title: \_\_\_\_\_

**This section should be completed by Division/Department Head within 7 days of receipt**

Date submitted to Division/Department Head (or Designee): \_\_\_\_\_

I have reviewed the application and the application is:

- Approved  
 Rejected (If this option is selected, you **must** complete both boxes below)

**Choose all that apply:**

Performance concerns

Duties require physical presence at official work site

Technology/equipment limitations

Operational hardship

Task cannot be quantified and/or evaluated

Other

**Provide additional information to support your decision:**

*By entering your name, you are signing this document.*

Division/Department Head Name: \_\_\_\_\_ Date: \_\_\_\_\_

Division/Department Head Title: \_\_\_\_\_

Division/Department Head Email Address: \_\_\_\_\_

**This section should be completed by Senior Campus Leader within 7 days of receipt:**

Date submitted to Senior Campus Leader (or Designee): \_\_\_\_\_

Senior Campus Leader Name: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Campus Leader Title: \_\_\_\_\_

**This agreement is (circle one): Approved Rejected**

*If rejected, please justify why:*

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

Distribution: Personnel File  
 Employee  
 Supervisor/manager

Applicant Name and Title: \_\_\_\_\_