



# TELEWORK APPLICATION

Enrolling in a business and commuting solution to perform duties outside the office.

## EMPLOYEE

Organization: \_\_\_\_\_

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

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

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Number of days you would like to telework: \_\_\_\_\_

**1. Please describe how you think your job responsibilities are suited for teleworking by responding to the following questions and discussing them with your supervisor.**

*How will telework enable you to perform your job more effectively?*

*How will telework positively affect our organization?*

*How will your work performance be assessed?*

*When will you have a check-in meeting to review your telework arrangement?*

*Are there any special circumstances or considerations that should be noted before beginning a telework arrangement and reviewed at the first check-in?*

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**2. Describe your proposed teleworking arrangement.**

*Include which days you plan to be onsite and telework, how often and in what manner you will keep your supervisor and coworkers apprised of your work progress and any specific supports you believe would make your telework arrangement a success.*

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I have discussed teleworking with my supervisor, and our conversations are accurately reflected in this application. I understand that my application does not guarantee that I will be eligible to telework. I have read the teleworking policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that teleworking can be terminated at any time by \_\_\_\_\_ or by me.

I understand and acknowledge that \_\_\_\_\_.

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SUPERVISOR**

I have discussed the possibility of teleworking with the above-mentioned employee and our conversations are accurately reflected in section one of this application. I believe this employee is a good candidate based on job responsibilities and performance in his/her current position.

**Supervisor Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# HUMAN RESOURCES

**Approved**

**Not Approved**

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_