



TITLE:  
Telework Request Form

FORM: GF-R-F(1)

Updated 6/9/21

This Telework Request form is intended to provide employees and supervisors with the criteria and assess the benefits for successful teleworking arrangements. This will be used to ensure a consistent and fair method of processing teleworking requests. The Telework Request Form should be completed in advance of a regularly scheduled telework arrangement.

Employee Name:	
Position Title:	
Office Location:	
Office Phone:	
Supervisor Name:	
Home Location:	
Cell Number:	
Date of Request:	

1. To ensure a successful telework experience, please answer the following:

Are you self-directed and comfortable working without close supervision? \_\_\_\_\_  
Do you manage your time well? \_\_\_\_\_  
Are you comfortable working alone for long periods of time? \_\_\_\_\_

2. Identify which elements of your job can be performed offsite. Which cannot?

3. Circumstances under which you would want to telework? (Check only one box)

- Special project work
- Critical work assignment
- Regular duties
- Other: \_\_\_\_\_

4. What tools, equipment and technology will be needed for work to be completed effectively?

5. Can you provide assurances that when teleworking, District-provided technology will be used for work-related purposes and for the performance of job duties? \_\_\_\_\_

6. Can you provide assurances that you understand it is your responsibility to physically secure District-provided technology and to report any loss to the Information Systems department immediately?  
\_\_\_\_\_

7. What impact will your proposed arrangement have on your department, supervisor, colleagues, and customers?

Employee's Signature:	Date:
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**Supervisor Use**

<input type="checkbox"/>	Approved	Telework Agreement will be developed by: _____ (date)
<input type="checkbox"/>	Not Approved	Rationale:
Supervisor's Signature:		Date:

***A copy of this form should be maintained by the employee and supervisor.***