

**Florida Department of Revenue
TELECOMMUTING PROGRAM
OPERATING PROCEDURES**

1. Purpose

This directive establishes the policies and procedures for the Department's Employee Telecommuting Program including; job classification/position eligibility; Telecommuting Request Application and the Telecommuting Agreement Application.

2. Authority

Section 110.171, Florida Statutes, effective July 1, 1994, made telecommuting a permanent workplace option for state employees and requires that each agency identify the job classifications and positions considered appropriate for telecommuting. In response to this mandate the Department of Revenue offers the following directive which establishes an Employee Telecommuting Program and these policies and procedures therein.

3. Policy

The Department of Revenue will offer the telecommuting option to employees (on a voluntary basis) who fill job classifications/positions denoted by the Department as being eligible for the telecommuting program. The Department will forward to the Department of Management Services (DMS), Programs Section, a list of job classifications/positions identified as being eligible for the telecommuting program and a list of employee participants. Such information shall be forwarded to DMS on an annual basis commencing October 1, 1994.

4. Program Definition

The Employee Telecommuting Program is designed to give the employee and employer an alternative to work performed at a traditional office site, and allows qualified employees to work at an alternate work site one to five days a week. This program offers several benefits to both the employee and the employer which include improved performance, reduction in employee turnover, improved morale, reduction in the need for office space and the accompanying office energy requirements, and provides reasonable accommodation for those employees under the provisions of The Americans with Disabilities Act (ADA). This program is not meant to cover all Department job classifications/positions, but does offer an alternative work location for those job classification/positions where job assignments can be performed with a minimum amount of supervision at the alternate work site.

5. Definitions

Official Work Site – The employee's assigned Department of Revenue office location.

Alternate Work Site – The employee's approved alternate work location.

6. Determining Job Classification/Position Eligibility

The Department has determined that all job classifications/positions may be considered for Telecommuting eligibility. Telecommunications will maintain a Department-Wide Job Classification/Position Eligibility List and submit annually to DMS, Programs Section.

7. An employee interested in participating in the Telecommuting Program should complete the following forms in the following order:

- a) Telecommuting Request Application - If this is approved by the supervisor complete the next form, if not there are no other forms to complete;
- b) Telecommuting Agreement Application – This includes the agreement itself, the Alternate Work Site Evaluation, Telecommuting Work Hours and Telecommuting Equipment Checklist;

8. An employee currently in the Telecommuting Program should complete the following form annually:

- a) Telecommuting Renewal form
- b) If the employee moves, remodels or changes his alternate work site in any way a new Alternate Work Site Evaluation form must be completed and sent to the Process Contact person;
- c) If the employee changes his hours at the alternate work site and Service Center office a new Telecommuting Work Hours must be completed and sent to the Process Contact person.

9. ADA Telecommuting Request Agreement Application

Upon receiving a Telecommuting Request Application Package the supervisor will make a determination as to whether such a request is feasible considering the tasks assigned to the employee, the Department's ability to make reasonable accommodations at the Service Center and the employee's special needs. The supervisor will work with the Department's ADA Coordinator on whether or not the request should be approved. This determination should not exceed 30 calendar days from the time the request is presented to the supervisor, unless there are extenuating circumstances such as verifying ADA accommodations.

If approval is given, the employee will then complete the Telecommuting Agreement Application, the supervisor will obtain all appropriate signatures and forward to the Process Representative for processing.

If approval is not granted, the Telecommuting Request Application will be forwarded to the Process Representative for processing.

10. Supervisor's Role

Upon receiving a Telecommuting Request Application the supervisor will make a determination as to whether such a request is feasible based on but not limited to the following issues:

- a) tasks assigned to the employee,
- b) leave balance,
- c) if the employee can work independently,
- d) employee's work habits,
- e) employee's initiative,
- f) availability of funds.

This determination should not normally exceed 30 calendar days from the time the request is presented by the employee unless there are extenuating circumstances such as verifying ADA accommodations.

After evaluating the application, the supervisor may not always approve an employee for telecommuting. If not approved, the supervisor will explain the reason for the disapproval to the employee and forward the request to the Program Representative.

If approved, the supervisor together with the employee's assistance and cooperation will complete the following:

- a) **"Telecommuting Agreement"** form which contains guidelines the employee is required to follow as a telecommuting participant;
- b) **"Alternate Work Site Evaluation"** form which assesses the adequacy of the proposed alternate work site, (should be completed by the employee, and supervisor)
- c) **"Telecommuting Work Hours Agreement"** form that requires both the employee and supervisor to agree on the specific days to be worked at each site and the number of hours to be worked on those days;
- d) **"Telecommuting Equipment Checklist"** form which lists the equipment provided by the Department to the employee.

Following completion of the Telecommuting Agreement Application, the supervisor will send it and the Telecommuting Request Application to the Service Center Manager and Regional Manager for their signatures and then forward to the Telecommuting Program Representative in their Process.

11. Program Director's Role

Once the employee's supervisor sends the completed application to the Telecommuting Program Representative in their process they will review and forward it to the Program Director or their designee who will issue the final approval or denial of the application. The application will then be returned to the Telecommuting Program Representative for further processing.

12. Telecommuting Program Representative

The Telecommuting Program Representative (a representative from each Process); will act as a resource for information, procedural inquiries, and forms allocated for the telecommuting program. In addition they will be responsible for the following:

- a) keep hard copy files of all telecommuter applications
- b) communicate any changes in the status of their telecommuters to the Program Coordinator:
 - terminations
 - new participants
 - renewals
 - relocations

13. The Telecommunication's Section Role

The Telecommunication's Section will be responsible for the following:

- a) the initial point of contact for questions regarding telecommunications equipment and service;

- b) develop, maintain, and update the Telecommuter Model Office template and the TID (Telecommuter Information Database);
- c) authorize and issue Communication Service Authorization's (CSA) for phone service for the telecommuter
- d) confirm completion of the CSA by the vendor, while serving as a liaison between the telephone company and the customer;
- e) develop, maintain, and update a Department-wide telecommuting job classification/position eligibility list that is submitted to the DMS, Programs Section annually;
- f) maintain and update a list of Department telecommuting participants that is submitted to the DMS, Programs Section annually;
- g) review the Telecommuting correspondence submitted by the Program Director or their designee, for employee participation in the program, and maintain files on the telecommuting participant;
- h) ensure the confidentiality of any medical information submitted in support of the Telecommuting Request/Agreement Application Package;

14. Telecommuting Agreement Provisions

- a) Participation in telecommuting will be voluntary and must be mutually agreed to by the employee and the supervisor. Employees will not be required to telecommute. **TELECOMMUTING IS A PRIVILEGE NOT A RIGHT** and supervisors are not required to allow an employee to telecommute.
- b) Telecommuting is a privilege, not a guaranteed benefit or employee right. It is the supervisor's responsibility to decide whether the employee should be allowed to telecommute.
- c) No telecommuting agreement shall exceed one year in duration. At the end of the agreed telecommuting period both parties will participate in a review leading to renewal or termination of the original agreement.
- d) A person must be employed with the Department of Revenue no less than 12 months to apply for the Telecommuting Program. There may be exceptions and if so they will be handled on a case by case basis.
- e) Employees may request from one (1) to five (5) days per week for telecommuting purposes.

However, regularly scheduled office visits will be required for the purpose of discussing assignments, attending meetings, to conduct or attend training, and other necessary on-site communications. Such visits are to be determined by the supervisor.

- f) The Department and/or the employee may cancel the telecommuting agreement at any time. The employee will be given reasonable notice of not less than five (5) working days after which, the employee will be expected to return full time to the official work site.
- g) The employee's time and attendance will be recorded as performing official duties at the official work site. Travel from the Alternate Work Site to official work site will not be reimbursed.
- h) The employee must obtain supervisory approval **before** taking annual leave and notify the supervisor immediately of sick leave in accordance with established policies and procedures.

i) Overtime must be approved **in advance** by the supervisor. Failing to obtain proper approval for overtime work may result in the employee's removal from the telecommuting program.

Department-owned equipment will be used at the employee's alternate work site to access, store, and/or process Department of Revenue information. The Florida Department of Revenue will provide the following equipment for use by the telecommuting employee at the alternate work site: Personal computer, software, modem (internal or external), telephone line, telephone handset, data line, locking two-drawer file cabinet and locking four-drawer file cabinet. The telecommuting employee will provide office furnishings, including desk, work table(s), and/or computer workstation, and chair. Serious consideration will be given to the recommendations of the Telecommunications Section with regard to the technical, logistical, and cost practicalities of providing phone lines and service to the alternate worksite. No telecommuter or supervisor will be permitted to contact the telephone company to arrange for installation and no employee may have telephone service in his or her name. All installation work will be coordinated through Telecommunications. In the event of termination from the program or change of alternate worksite location, it shall be the responsibility of the supervisor to contact Telecommunications for disconnection or relocation of service.

j) Department-owned equipment will be serviced and maintained by the Department but must be protected by the employee from damage and unauthorized use. Equipment provided by the employee will be at no cost to the state and will be maintained by the employee. The employee is expected to establish and maintain proper safety precautions to ensure the telecommuting site is free from hazards to the employee or Department-owned equipment.

k) The supervisor can and may inspect the alternate work site periodically. Department owned equipment and records may be subject to audit and/or seizure by authorized Department representatives.

l) In the event the alternate work site is changed, an "Alternate Work Site Evaluation" must be performed and the form must be completed signed, dated by the employee and supervisor and sent to the Process Representative for processing.

m) The Department will not be liable for any damages to the employee's property that results from participation in the telecommuting program. Exceptions are covered by Chapter 786.28, Florida Statutes. The Department will not be responsible for operating costs, home maintenance, or any incidental cost (e.g. utilities) associated with the use of the employee's residence.

n) The employee is covered under the Worker's Compensation Law if injured while performing official duties at the telecommuting site. If it is determined that an injury has been caused through employee negligence or failure in maintaining safe working conditions, the employee may be subject to disciplinary action.

o) The employee is expected to meet with the supervisor to receive work assignments, review work in progress and to review completed work as necessary. The employee will complete all assigned work according to established work procedures, guidelines, and standards; and in accordance with the employee's performance plan. The employee will attend scheduled staff meetings, unless prior arrangements have been discussed with, and approved by the supervisor.

p) The employee will apply approved safeguards to protect state/agency records from unauthorized disclosure or damage and will comply with the public record requirements set forth in chapter 119, Florida Statutes. Work performed in accordance with the telecommuting agreement is considered official state business. All records, papers, and correspondence must be safeguarded for their return to the official work

site. Release or destruction of any records should be done only at the official work site in accordance with statutes and regulations. Computerized files are considered official records and shall be similarly protected.

q) The supervisor will maintain a list of telecommuting equipment loaned to program participants and retrieve the equipment at the expiration of the employee's participation in the program. If a phone line or any other telecommunications service is being provided by the Department, it shall be the responsibility of the supervisor or Program Representative to notify the Telecommunications office. The Telecommunications office will make the appropriate updates to the TID and issue the CSA for disconnection of service.

r) During working hours, the employee will not be responsible for or give direct care to elders, children, or other persons at the alternate work site.

s) IRS data shall not be sent or received from the alternate work site via dial-in or Internet.

t) IRS data used or stored on hard drives at the alternate work site must meet IRS safeguard requirements for alternate work sites as stated in IRS Publication 1075.

TELECOMMUTER VOICE AND DATA SPECIFICATIONS TEMPLATE

The Telecommuter Voice and Data Specifications Template will serve as a reference for the supervisor when requesting the installation of phone lines (voice and/or data) via the Telecommunications e-mail request box (telecom@dor.state.fl.us). The following will specify the standard type phone/data line that will be installed for telecommuters and information regarding wiring up to and beyond the demarcation point:

A. Voice Line Standard

Wherever possible the standard voice line that will be installed for telecommuting will be an analog Centrex line with SUNCOM access. The standard programming will include intercom, voicemail with dial zero option and call forward. Unless the residence has a functional spare jack and wiring, a new line and jack will have to be installed from the point of demarcation. All voice line installation requests will be sent to the telecommunications e-mail request box: telecom@dor.state.fl.us

NOTE: Analog Centrex voice line service with SUNCOM access is available in most metro/urban areas. However, it is not available in many rural areas or the cost of having it installed to these locations is not practical.

B. Data Line Standard

The standard data line that will be installed for telecommuting will be an analog line with SUNCOM access. This will permit the individual local or long distance dial-in access to the DOR network. Unless the residence has a functional spare jack and wiring, a new line and jack will have to be installed from the point of demarcation. All data line installation requests will be sent to the Telecommunications e-mail request box: telecom@dor.state.fl.us

C. Telephone Equipment Standard

It will be the responsibility of the program to provide the telecommuter with a phone for telecommuting. The standard phone will be the analog M8009.

Procedures for the Procurement of Telecommunications Equipment and Services

- a) Telecommuter has been approved for telecommuting.
- b) Supervisor determines there is a need for telecommunications equipment and/or service.
- c) Supervisor submits request through telecom@dor.state.fl.us e-mail box.
- d) Supervisor forwards a copy of the completed application packet to:
 - Department of Revenue
 - Telecommunications
 - 501 South Calhoun St
 - 404 Carlton
 - Tallahassee, Florida 32301
 - Attn. Telecommuting
- e) A work-ticket is opened to track and process the request.
- f) Wait- Upon receipt of the packet, you will be contacted by Telecommunications regarding your request within (5) working days.
- g) After consultation between the supervisor and Telecommunications a decision will be made on whether to proceed with procurement. This decision will be based on the office's available funds as well as technical, logistical and security considerations.
- h) If it is determined that equipment or services will not be provided, the supervisor will withdraw the request and the WORMS work-ticket will be will be closed by Telecommunications.
- i) If it is determined that equipment/service will be provided, Telecommunications will issue a CSA based on the *Telecommuter Voice and Data Specifications Template*.
- j) Telecommunications will also ensure that the telephone company has completed all work satisfactorily.

TELECOMMUTING REQUEST APPLICATION

The Telecommuting Request Application is the first portion of the application that is to be completed by the employee and submitted to the supervisor. According to the Telecommuting Policy, management has 30 days in which to approve or disapprove a Telecommuting Request Application. The 30 days start from the date the Telecommuting Application is given to the supervisor. Below is the date the employee handed the supervisor the Telecommuting Request Application.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

The definition of telecommuting adopted by the Florida Legislature as it applies to state employees is: "...A work arrangement whereby selected state employees are allowed to perform the normal duties and responsibilities of their positions through the use of computers or telecommunications, at home or another place apart from the employees' usual place of work" (Section 110.171(1)(c), Florida Statutes)

I have read, understand, and agree with the Telecommuting Responsibilities provided as a part of this application process.

Applicant Name _____ Supervisor _____
(Please Print) (Please Print)

Date Submitted to Supervisor _____ People's First I.D # _____

Job Title _____ Position Number _____

Official Work Site (Service Center) _____

By signing below we agree to abide by the terms and conditions of this agreement.

Employee _____ **Date** _____

Supervisor _____ **Date** _____

Service Center Mgr. _____ **Date** _____

Regional Manager _____ **Date** _____

Program Director _____ **Date** _____

(Please Print the Following Information)

Alternate Work Site Address:

Alternate Work Site Telephone Number:

The effective period of this agreement will be from _____ to _____.

My participation in the telecommuting program will provide the following benefits to Florida Department of Revenue:

Taking into consideration the nature of your job, how much time would you like to spend telecommuting (days per week/month)?

What type of work would you expect to do while telecommuting? (check all that apply)

Writing/Typing Word Processing Data Management Research

Administrative Computer Programming Graphics/Layout Sending/Reading Email

Meeting People Report Writing Reading Thinking/Planning Telephoning

Other (Please Specify) _____

Please give specific examples of the type of work involved in those areas circled above that could be performed at the alternate work location:

WORK CHARACTERISTICS AND PERSONAL EVALUATION:

Describe your ability to function independently of direct supervision:

Give examples of your history of job dependability:

Briefly describe your organizational habits and time management skills as well as your ability to be self-motivated.

The following group of characteristics relate to your work. Please carefully consider each characteristic and rate each one as either High (H); Medium (M); Low (L); or Not Applicable (NA).

- A. Amount of face-to-face communications required?
- B. Degree of Telephone communication required?
- C. Amount of interface with tax or CSE data bases, systems, or applications via the DOR Network?
- D. Amount of access to hard copy IRS data required?
- E. Amount of access to electronic IRS data required?
- F. Ability to control/schedule work flow?
- G. Amount of in-office reference material required?
- H. Amount of physical access to special resources required?
- I. Amount/Need for physical security of confidential data?

Are you requesting participation in this program as an accommodation under the Americans with Disabilities Act?

YES

NO

1. If you answered “yes”, please provide medical certification supporting your request for the accommodation.

2. If you answered “yes”, are you requesting special work-related arrangements?

YES NO

3. If you answered “yes” to #2., please describe these special arrangements you would require

Your request to participate in the Telecommuting Program will be reviewed by your supervisor and approved or disapproved. If approved, further consideration of your request will require completion of the Telecommuting Agreement Application.

TELECOMMUTING AGREEMENT APPLICATION

This is an agreement between:

_____ (Print Your Name)

_____ (Print Your Position Title)

and **FLORIDA DEPARTMENT OF REVENUE**.

THIS AGREEMENT ESTABLISHES THE TERMS AND CONDITIONS OF TELECOMMUTING

Initialing each paragraph indicates that you have read the information, fully understand the contents and you agree to abide by the terms and conditions of this agreement.

Duration _____ (*initial*)

The duration of this agreement shall be no more than one year. At the end of the agreed telecommuting period, reactivation may be considered by completing and submitting a “Telecommuting Renewal Agreement” form, which will be valid for no more than one year. This Telecommuting Agreement and/or the Telecommuting Renewal Agreement will be valid until canceled by either party. The employee may stop participating in this program at any time. Management has the right to remove the employee from the program if participation fails to benefit organizational needs, work production drops, or the employee violates the provision of this Agreement.

Dual Employment _____ (*initial*)

I **DO NOT** have a second job. I **DO** have a second job and a Dual Employment application has been submitted and approved to authorize the second job (**please attach a copy of the approved Dual Employment form**). My employer is _____. I understand that my dual employment must not conflict with my duties as an employee of the Department.

New Agreement _____ (*initial*)

A new Telecommuting Agreement must be completed if there is a change in the employee’s supervisor; a change in the employee’s Position Description; or if the employee transfers to another Service Center.

Termination of the Agreement _____ (*initial*)

Termination of the employee from the Department or change in the employee’s Process or Program will invalidate this Agreement upon effective date of the change. Either party may terminate the agreement at any time. Reasonable notice of not less than five (5) working days must be given (except in cases related to disciplinary or performance issues), by the party terminating the agreement, after which the employee will be expected to return to the official work site. The Termination from the Telecommuting Program form must be completed upon termination and forwarded to the Process Representative.

Violation of this Agreement _____ (*initial*)

If the telecommuting employee fails to follow the established Internal Operating Procedures or violates any part of this Agreement, it may result in the employee’s **immediate removal** from the telecommuting program.

Work Hours _____ (*initial*)

Work hours at the alternate work location are specified as part of this agreement.

Attendance and Leave _____ (*initial*)

The employee's time and attendance will be recorded as if performing duties at the official work site. Employees must obtain supervisory approval before taking leave in accordance with established office procedures and Rule 60K-5. The employee agrees to follow established procedures for requesting and obtaining approval of leave. The employee agrees that failing to obtain proper approval for leave may result in removal from the telecommuting program or other appropriate action.

Travel _____ (*initial*)

Travel to and from the official work site will not be reimbursed.

Overtime _____ (*initial*)

The employee will continue to work in pay status while working at the alternate work site. An employee working overtime that is ***approved in advance*** will be compensated in accordance with applicable laws and rules. The employee agrees that failing to obtain proper approval for overtime work may result in removal from the telecommuting program or other appropriate action.

Department Owned Equipment _____ (*initial*)

The employee will use Department owned equipment at the alternate work site to access, store, and/or process Department information. The equipment must be protected against damage and unauthorized use and must be protected by use of an electrical surge protector. Department owned equipment will be serviced and maintained by the Department. Department owned equipment and records may be subject to audit and/or immediate seizure by authorized Department representatives without advance notice to the telecommuter. Equipment provided by the employee will be at no cost to the Department, and will be maintained by the employee.

Liability _____ (*initial*)

The Department will not be liable for damages to the employee's property resulting from participation in the telecommuting program.

Cost _____ (*initial*)

The Department will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities), associated with the use of the employee's residence. The employee does not give up any reimbursement for authorized expenses incurred while conducting business for the Department.

Worker's Compensation _____ (*initial*)

The employee is covered by workers' compensation if injured while performing official duties at the alternate work site. If it is determined the injury is a result of the employees' negligence or failure to maintain safe working conditions, the employee may be subject to disciplinary action and termination from the telecommuting program. The normal guidelines for handling worker's compensation claims will be followed.

Work Assignments _____ (*initial*)

The employee will meet with the supervisor on a regular basis to receive assignments and to review their work. The employee will complete all assigned work according to procedures mutually agreed upon with the supervisor. All meetings will be conducted at the official work site. The employee will be required to attend scheduled meetings, training and anytime the supervisor requests his/her presence at the official work site.

Evaluation _____ (*initial*)

The evaluation of the employee's job performance will be based on established standards. Job performance must remain satisfactory to continue as a telecommuter. Periodic reviews will be held to determine the continued benefit to the Department.

Document Security _____ (*initial*)

The employee must protect confidential documents from unauthorized disclosure or damage. The confidential documents must be secured in a locked container when not in use. Confidential documents must be inventoried prior to leaving the official work site by the employee and supervisor. Both the employee and supervisor will maintain a copy of the inventory. Failure to take the necessary security precautions may subject the employee to disciplinary action and termination from the telecommuting program.

Participation in Evaluation _____ (*initial*)

The employee and supervisor will promptly complete and submit telecommuting evaluation materials. The employee is required to participate in periodic surveys conducted by the Department of Management Services and/or the Department of Revenue. Failure to do so may result in termination from the telecommuting program.

Standards of Conduct & Personnel Procedures _____ (*initial*)

The employee agrees to present the best possible image for the Department while participating in this program. The employee also acknowledges that they have reviewed and understand the Standards of Conduct & Personnel Procedures.

I have a copy of the Standards of Conduct & Personnel Procedures _____ (*initial*)

Alternate Work Site Evaluation _____ (*initial*)

The employee agrees to on-site evaluations of the telecommuting location by the Department's representative(s). Department owned equipment and records may be subject to audit and/or immediate seizure by authorized Department representatives without advance notice to the telecommuter.

Alternate Work Site Location _____ (*initial*)

The alternate work site selected is an approved site for telecommuting. The employee agrees to work at the official work site, the alternate work site, or a taxpayer's business location and not from an unapproved site. Failure to comply with this provision may result in termination of the agreement, and/or other appropriate disciplinary action. If the employee relocates from the approved alternate work site, appropriate steps for the new site's approval must be taken and a new Alternate Work Site Evaluation form must be completed.

Alternate Work Site Evaluation

PRINT Employee Name:	Service Center:
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The success of the telecommuting arrangement depends upon a realistic assessment of workspace, and the ability of the employee to successfully complete their work in this environment. If the workspace is not adequate, the telecommuting agreement will not work.

YES NO

- Does the space seem adequately ventilated?
- Is the space reasonably quiet?
- Does the work space have adequate lighting?
- Are all stairs with 4 or more steps equipped with hand rails?
- Are all circuit breakers and/or fuses in the electrical panel labeled?
- Is all electrical equipment free of recognized hazards that would cause physical harm, i.e., frayed wires, bare conductors, loose wires, exposed wires?
- Are electrical outlets 3 pronged (grounded)?
- Are hallways, doorways, and corners free of obstructions to permit visibility and movement?
- Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?
- Do chairs appear sturdy?
- Is the space crowded with furniture?
- Are the floor surfaces clean, dry, level and free of frayed or worn seams?
- Is there a fire extinguisher in the home, easily accessible from the office space?
- Is there a working smoke detector within hearing distance of the work space?
- Is there a surge protector for the PC?
- Is the work area in a place away from constant traffic?

Evaluation conducted at (address): _____

Evaluation conducted on (date): _____

Evaluator's name (PRINT): _____

Evaluator's signature: _____

As a participant in the Florida Department of Revenue Telecommuting Program, I agree that my alternate work site provides work space that is free of fire and safety hazards, together with my agreement which holds the state harmless against any and all claims, excluding workers' compensation claims, resulting from any working in the home office, and which must be signed and agreed to by the telecommuter and the supervisor.

Employee's signature: _____ **Date:** _____

Telecommuting – Work Hours

(PLEASE PRINT)

Employee	Service Center
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Supervisor

DAY

INDICATE HOURS AT EACH LOCATION

	Indicate Time(s) In the Office	Indicate Time(s) At the Alternate Work Site
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____

Total Hours	_____	_____
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Daily Lunch Period _____ to _____

Telecommuting Special Work Schedule

My request to telecommute also includes work hours within the range of 8:00 a.m. to 5:00 p.m. Monday-Friday, but will vary with the work assignments as approved by my supervisor. *If my work hours are not between 8:00 a.m. and 5:00 p.m., Monday through Friday, an approved Flexible Work Hours Agreement will be attached to this document.*

The above telecommuting schedule shall commence on _____

Additional comments: _____

We agree to abide by the terms and conditions of this agreement.

Employee _____

Date _____

Supervisor _____

Date _____

Service Center Manager _____

Date _____

Your request to participate in the Telecommuting Program will be reviewed by your supervisor and approved or disapproved. If approved, further consideration of your request will require completion of the Telecommuting Agreement Application.

NOTE TO SUPERVISORS: If not approved it should still be sent to the Process Representative for processing.

Telecommuting Equipment Checklist

Type & Description	Decal #	Serial #	Date Out	Date In*

Upon termination from the program the employee agrees to return all Department owned property.

We agree to abide by the terms and conditions of this Agreement.

Employee: _____

Date: _____

Supervisor: _____

Date: _____