Telework Application: exempt staff

Instructions: Employee completes application and gives to supervisor. Supervisor conducts review and meets with employee to discuss approval or denial.

Employee Information

Name_______________________________________   Date___________
Job Title_____________________________________
Supervisor___________________________________

Proposed teleworking site: □ Home □ Satellite Office          □ Other_______________
Telework address:______________________________  City_________________  State_______
Telework phone number: _________________ fax:_______________  email:________________
Date teleworking is requested to begin _________________________ end date______________.

In addition to the employee's supervisor and other management personnel, the following personnel would be authorized to have your telework phone number:

_______________________________________________________________________

Details of proposed teleworking

Which day do you propose to telework?    □ Mon, □ Tues, □ Wed, □ Thurs, □ Fri, □ Sat, □ Sun.
Periodic and/or Regular Recurring, to be documented on leave forms.
Schedule:_____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

For completion by supervisor:  Days/Hours of teleworking:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Task or assignments proposed to be completed on telework days (i.e., correspondence, data entry, data analysis, preparing contracts, etc) Provide detail on the tasks
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Telework Application: exempt staff

Instructions: Employee completes application and gives to supervisor. Supervisor conducts review and meets with employee to discuss approval or denial.

For completion by supervisor: Describe the specific tasks to be accomplished during teleworking hours:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What review process do you propose to establish with your supervisor to constructively monitor your progress during teleworking hours?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

For completion by supervisor: Describe the specific mechanism that will be used to monitor progress:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Dependent Care: Do you have dependents requiring care during telework hours?

☐ Yes  ☐ No

If yes, please describe how you have dependent care to relieve you from primary-care responsibilities during telework hours:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Accessibility information: Provide contact information during telework hours

☐ Phone ______________ Voice mail/answering machine available? ☐ Yes  ☐ No

☐ Cell Phone ______________________

☐ Pager ______________________

☐ Email  ☐ Other____________________
Telework Application: exempt staff

Instructions: Employee completes application and gives to supervisor. Supervisor conducts review and meets with employee to discuss approval or denial.

Equipment information: What equipment and software do you propose to provide (check all that apply):
- Phone ☐, Voice mail ☐, Second phone line ☐, Office furniture ☐
- Fax machine ☐, Internet service provider ☐, Pager ☐
- Computer type and model: __________________________________________
- Printer type and model: __________________________________________
- Modem type and model: __________________________________________
- Operating system: __________________________________________
- Software: __________________________________________
- Surge protection type: __________________________________________
- Other equipment not mentioned above: _______________________________

Note: Emory University does not provide equipment or IT support for telecommuting purposes.

Justification for proposed teleworking
Describe how your request for a flexible work arrangement will sustain or enhance your ability to meet service standards.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the anticipated benefits to the organization that might result from this flexible work arrangement.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe how your on-site duties will be accomplished during the period of time during which you are teleworking.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the anticipated impact to the team of peers within which you work and what steps you have taken/will take to minimize the impact of your request on others.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Telework Application: exempt staff

Instructions: Employee completes application and gives to supervisor. Supervisor conducts review and meets with employee to discuss approval or denial.

Applicant acceptance of Telework policy

I have read the telework policy(SOP #3000-9, which also refers to EU policy) and understand the requirements and obligations I am expected to accept and meet as a teleworker. I understand that telework is not an entitlement and if I do not meet obligations or if circumstances change within the division that require me to be on-site, this agreement may be revoked.

Applicant's signature:_______________________________________________ Date: _____________

Supervisor review: Application accepted: _______________________________ Date: ___________
Application Denied: ________________________________________________ Date: ___________

Unit Head review: Application accepted: _______________________________ Date: ___________
Application Denied: ________________________________________________ Date: ___________

Mgr. Information System review: Application accepted: ___________________ Date: ___________
Application Denied: ________________________________________________ Date: ___________

Director review: Application accepted: _________________________________ Date: ___________
Application Denied: ________________________________________________ Date: ___________

Reasons for Denying and/or concerns:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________