Telework Application: hourly 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.

Daily schedule:

Total hours per day: _____________
Start:_________________a.m./p.m. Finish:____________ a.m./p.m.
Lunch: _______________a.m./p.m. to________________ a.m./p.m.

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

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_______________________
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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. If there is an equipment or communications failure, the employee is required to report to work on-site.

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.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
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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:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________