

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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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 _____

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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:
