

(ORGANIZATION) TELECOMMUTE APPLICATION AND AGREEMENT FORM

This is a model form for the Telecommuting Policy and Program provided by (Human Resources at Organization). Departments may use this form, modify it to meet their needs, or approve telecommute agreements another way.

Employees who have been approved to telecommute must complete the [online survey](#).

I. EMPLOYEE INFORMATION

Name:		Job title:	
ID number:		Division/Unit:	

II. TELECOMMUTE INFORMATION

This telecommute arrangement is:	Choose an option.
This agreement will run from:	Click here to enter a date. to Click here to enter a date.
I plan to evaluate this agreement with my supervisor:	Choose an option.
Telecommute schedule (If regular and recurring):	
Work hours:	
Designated work location:	Choose an option.
If other, please specify:	

Telecommuting Equipment

Required equipment:	Indicate if your equipment is (Organization)-owned or personal:
<input type="checkbox"/> Computer	Choose an option.
<input type="checkbox"/> Other (please specify below): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
Required supplies (please specify below):	Indicate if your supplies are (Organization)-owned or personal:
•	
•	
Required software/systems:	

<input type="checkbox"/> Network VPN access
<input type="checkbox"/> Email
<input type="checkbox"/> List other(s) below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Telecommuting Work Plan

Work you will perform while telecommuting:

Method of communication while telecommuting:		
<input type="checkbox"/> Phone	Phone number:	
<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Text	Phone number:	
<input type="checkbox"/> Other (please specify):		
How do you plan to check in with your supervisor?		

III. EMPLOYEE ACKNOWLEDGEMENTS

<input type="checkbox"/>	I have read and will follow: <ul style="list-style-type: none"> The Telecommuting Program Policy
<input type="checkbox"/>	I understand and agree that telecommuting is a privilege, not a right, and is not subject to the grievance process.
<input type="checkbox"/>	I understand and agree that I am responsible for maintaining the safety and security of (Organization) equipment, supplies, and information while telecommuting.
<input type="checkbox"/>	I understand and agree that I must comply with all procedures designed to protect sensitive (Organization) information, including information that is confidential, private, personal, or sensitive while telecommuting.
<input type="checkbox"/>	I acknowledge that my designated workspace complies with all health and safety requirements.
<input type="checkbox"/>	I understand and agree that I must come into the office on a regularly scheduled telecommute day when my department requires me to do so.
<input type="checkbox"/>	I understand and agree that my organization is not required to provide me with any equipment or supplies I may need while telecommuting.
<input type="checkbox"/>	I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this telecommute application and agreement. I understand that my telecommuting agreement can be ended for a business reason at any time.

Employee Name/Signature (if required)

Date

IV. SUPERVISOR REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this telecommute agreement.

Supervisor Signature (if required)

Date