

## TELEWORK REQUEST FORM

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Please identify the hours you desire to engage in telework and submit this request to your supervisor for review and approval. Agencies and Departments may establish core hours that must be worked daily and may determine the length of an employee's lunch break. Generally, lunch must be a minimum of 30 minutes.

Once a telework schedule has been approved and established, you need only complete this form when you desire to request a change. You must request changes at least two weeks in advance of the effective date. Please note, if you are requesting an alternate work schedule in addition to the ability to engage in telework, you must complete an Alternate Work Program Employee Schedule Request form in addition to this request.

DAY OF WEEK	MORNING		LUNCH	AFTERNOON		TOTAL DAILY HOURS
	START	END		START	END	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

The Appointing Authority can, at any time during this period, require that you report to your official duty station or terminate your ability to engage in telework.

I request that the above telework schedule become effective (must be the beginning of a pay period) on: \_\_\_\_\_ and end on: \_\_\_\_\_ (must be at the end of a pay period.) I understand that my request to telework is subject to the following conditions:

### TERMINATION OF TELEWORK

Telework is a voluntary program, provided at the sole discretion of the Appointing Authority, and may be terminated by the employee or employer at any time, with or without cause. Whenever feasible, either party will provide a minimum of two (2) weeks' notice of the decision to terminate telework participation.

### WAGES, BENEFITS, JOB RESPONSIBILITIES, PERFORMANCE EXPECTATIONS

Wages, benefits and job responsibilities will not change as a result of performing telework. Employee shall comply with all existing job requirements, including, but not limited to, performance expectations/standards, policies, procedures, laws, applicable collective bargaining provisions, security and confidentiality of information requirements, as apply at their official duty station.

## **WORK SCHEDULE**

The daily work schedule for the days engaged in telework shall be described as above and shall not be modified without authorization of Employee's Supervisor. Schedules which differ from those established in the applicable Department must be requested, via separate request, on the applicable Alternate Work Schedule Request form. Solely at the discretion of the Appointing Authority, an employee may be required to report to the official duty station. Whenever possible, advance notice will be provided to the employee should reporting to the official duty station be required. The State shall not be required to furnish a means of transportation to meet this requirement.

## **WORK HOURS**

Employee agrees, unless otherwise authorized, to devote his/her full time, attention, and effort to the duties and responsibilities of his/her position during scheduled work hours. Employee is required to be accessible via telephone and/or email during scheduled work hours.

Employee shall not conduct personal business and/or pursuits, except to the limited extent permitted by state policy, during scheduled work hours.

Requests for overtime must be authorized in advance in accordance with the provisions of state policy, any local procedures and applicable collective bargaining agreement.

## **HOLIDAYS/ LEAVE TIME**

Unless regularly scheduled to work on a holiday, Employee shall not perform work on a holiday unless authorized to do so by a supervisor.

Employee may utilize accrued paid leave in accordance with the provisions of state policy, any local procedures and applicable collective bargaining agreement.

## **EQUIPMENT/OFFICE SUPPLIES**

The employer shall supply appropriate computer equipment with appropriate software installed for the employee's duties in accordance with applicable IT policies. Additionally, the employer will supply the employee with necessary office supplies or will reimburse employee for appropriate, pre-authorized out-of-pocket office expenses for conducting State business from the telework location.

Employee shall not be eligible to be paid any office allowance provided for in any collective bargaining agreement or policy and , unless appropriately pre-authorized in accordance with this Policy, shall not be reimbursed any costs incurred as a result of telework, including, but not limited to, office furniture, broadband or other internet connections, telephone, utilities, mileage reimbursement or other related expense for travel to employee's official duty station, and/or any other inconvenience as a result of engaging in telework.

All State-owned equipment or supplies remain the property of the State and must be returned to the State immediately upon request, unless the request is made after regularly scheduled hours, in which case the items shall be returned as soon as practicable, but in no event later than the employee's next scheduled work day. Employee shall use State-owned equipment, software, and supplies for State work related business purposes, in accordance with State policy. State-owned computer software may not be duplicated unless appropriately authorized. Use of such software shall be limited to use by Employee in the performance of his/her official duties and must conform to all State policies, procedures, rules and regulations.

Regular maintenance, repair, or replacement of State-owned equipment shall be the responsibility of the employer. In the event of equipment malfunction, Employee must notify his/her supervisor immediately and arrange for repair or replacement. Use of private equipment is not permitted unless authorized. Privately owned items used at the alternate work location will not be maintained, replaced or repaired by the employer.

**SECURITY AND CONFIDENTIALITY**

As with all State employees, Employee is expected to comply with all State policies and procedures (see in particular Policies 5.45, 5.5, 5.6 and 11.7); and all agency or departmental policies, procedures, and applicable work rules, including those regarding security and confidentiality of information and equipment.

Employee shall ensure the security of State-owned equipment and the confidentiality of protected information, including computer files, accessed at the telework location. Restricted-access materials shall not be taken from the official duty station or accessed through a remote computer unless authorized in advance by a supervisor or manager. Any work-related materials taken to the telework location must be appropriately protected in compliance with the same security provisions which apply at the official duty station.

**HEALTH & SAFETY**

Employee must maintain his/her work space in a reasonably safe and secure condition. If Employee sustains a work-related injury, the State’s workers’ compensation laws and rules apply. Employee remains responsible for following the established procedures to report such an injury and complete/process required forms.

The State shall not be liable for injuries to members of Employee’s family and/or third parties which occur on Employee’s premises, nor for injuries to Employee which occur outside of the scheduled work day or outside the scope of employment.

Employee is volunteering to perform the State’s business from an alternate worksite, including his/her home. The State retains the right to retrieve State equipment or other State property from the alternate worksite. If Employee claims injury at the alternate worksite, Employee shall grant the State the right to inspect the premises of the alternate work site.

**EVALUATION**

Employee agrees to participate in all studies, inquiries, reporting and analysis relating to the telework program.

I understand that the state may request access to my personal equipment if it was used to conduct State business at the alternate worksite.

**APPROVED:**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Division Manager or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appointing Authority or Designee

\_\_\_\_\_  
Date