



## *Telework Request Form*

Employee Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
(Please Print or Type)

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Manager: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Briefly describe how the proposed Telework schedule might benefit the customer, improve job performance, affect air quality, impact productivity and/or enhance work/life balance:

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**The following criteria should be evaluated before considering a Telework request:**

YES/NO	CRITERIA
	1. Employee has successfully completed their six (6) month probationary period.
	2. Employee's alternative work site has High Speed Internet connection.
	3. Employee maintains a performance evaluation rating of meeting or exceeding expectations with no significant disciplinary issues.
	4. Job is one that can be performed at an alternative work site without diminishing the quality of the work or disrupting the productivity of the office. Examples include, but are not limited to: accounting, auditing, bookkeeping, designing, editing, evaluations, graphics, planning, preparing budgets, preparing contracts, reading, research, technical writing.
	5. Employee has access to work computer remotely from alternative work site through the use of a City of Round Rock lap top and the City's secure VPN.
	6. Employee understands they can access their work phone/voicemail remotely by forwarding phone to their personal home/cell phone.
	7. Employee and Supervisor have created a remote work plan and ensured that there are no safety concerns at the alternate work site.

**Proposed Telework Schedule (First Choice):**

Effective Date: \_\_\_\_\_

Week 1: Hours of Work: Arrival \_\_\_\_\_ am Departure \_\_\_\_\_ pm

Telework Day(s): \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

Week 2: Hours of Work: Arrival \_\_\_\_\_ am Departure \_\_\_\_\_ pm

Telework Day(s): \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

**Proposed Telework Schedule (Second Choice):**

Effective Date: \_\_\_\_\_

Week 1: Hours of Work: Arrival \_\_\_\_\_ am Departure \_\_\_\_\_ pm

Telework Day(s): \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

Week 2: Hours of Work: Arrival \_\_\_\_\_ am Departure \_\_\_\_\_ pm

Telework Day(s): \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

**Telework Acknowledgement:**

I have read and understand the Telework Procedure, and agree to the duties, obligations, responsibilities and conditions for teleworkers described in that document.

I understand that telework days must be scheduled in advanced and approved by my supervisor. I agree, among other things, that I am responsible for performing my job duties within supervisor-approved telework work hours and furnishing and maintaining my work space in a safe manner.

I understand that, at certain times, it may be necessary for my telework schedule to be revised to ensure critical deadlines are met or to attend meetings. Any change in the telework schedule must be pre-approved and documented.

I understand that telework is a voluntary work option. I understand that I may notify my supervisor at any time that I no longer want to telework. I also understand that my supervisor may at any time change any or all of the conditions under which I am permitted to telework, or withdraw permission to telework.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor/Manager Signature Date **Approved** \_\_\_\_ **Disapproved** \_\_\_\_

\_\_\_\_\_  
Director/Assistant Director Signature Date **Approved** \_\_\_\_ **Disapproved** \_\_\_\_

Submission: Original to Human Resources. Copies to employee and department.