

Telecommuting Request Form (Sample)



This form is used to assess the benefits of telecommuting for particular positions and employees. This form is intended to provide employees and supervisors with the criteria for successful telecommuting arrangements and to ensure a consistent and fair method of processing telecommuting requests.

Employee Name: _____
Position Title: _____
Office Location: _____
Office Phone: _____
Supervisor Name: _____
Home Location: _____
Home Phone Number: _____
Miles from office to home: _____

1. Briefly describe your current job duties: *(Use additional sheets if necessary)*

2. Rate each of the following job characteristics according to your current job requirements. If there is a high requirement for this aspect of your job, then mark an "X" in HIGH column. If it has little importance, mark an "X" in the LOW column.

Job Requirements	HIGH	LOW
1. Ability to control and schedule work.	<input type="checkbox"/>	<input type="checkbox"/>
2. Clear and understandable work assignment objectives.	<input type="checkbox"/>	<input type="checkbox"/>
3. Work independently.	<input type="checkbox"/>	<input type="checkbox"/>
4. Concentration required.	<input type="checkbox"/>	<input type="checkbox"/>
5. PC or computer terminal work.	<input type="checkbox"/>	<input type="checkbox"/>
6. Amount of face-to-face contact required.	<input type="checkbox"/>	<input type="checkbox"/>
7. Amount of telephone communication required.	<input type="checkbox"/>	<input type="checkbox"/>
8. Amount of in-office reference material required.	<input type="checkbox"/>	<input type="checkbox"/>
9. Amount of data security required.	<input type="checkbox"/>	<input type="checkbox"/>

Note: High rating for items 1 through 5 and low ratings for items 6 through 9 indicate likelihood that the job is compatible with a telecommuting arrangement.

3. Describe how your current job duties will be adapted to telecommuting.

4. Describe how telecommuting will assist you in meeting the goals and needs of your position and the department.

5. How often would you want to telecommute? (Check only one box)

- About once every two weeks
- About once every week
- Two days a week
- Three or four days a week
- Five days a week
- Occasionally for special projects

6. What type of work would you expect to do while telecommuting? (Check all that apply and provide an approximate percent of time for each)

	Percent of Time
<input type="checkbox"/> Writing	%
<input type="checkbox"/> Word processing	%
<input type="checkbox"/> Data management/computer programming	%
<input type="checkbox"/> Reading	%
<input type="checkbox"/> Talking on the phone	%
<input type="checkbox"/> Sending/receiving electronic mail	%
<input type="checkbox"/> Field visits/meetings	%
<input type="checkbox"/> Planning/organizing	%
<input type="checkbox"/> Administrative support work	%
<input type="checkbox"/> Batch work	%
<input type="checkbox"/> Evaluation/research/analysis	%
<input type="checkbox"/> Other: <i>Please specify</i>	%
<input type="text"/>	

7. If applicable, describe the workspace in your home that you intend to dedicate to performing your work.

8. What equipment would you need to enable you to telecommute? (Check all that apply)

	Need	Currently Have
<input type="checkbox"/> Personal computer/laptop	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Printer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Software	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Modem	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional phone line	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Office furniture	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fax machine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy machine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Please list)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

9. What distractions or obligations might make it difficult to work at home? How are you planning to resolve these obstacles?

Employee's Signature

Date

Supervisor's Comments:

	Yes	No
Are the job duties to be performed conducive for telecommuting?	<input type="checkbox"/>	<input type="checkbox"/>
Is the employee's job performance conducive for telecommuting? (consider the employee's work habits and past job performance)	<input type="checkbox"/>	<input type="checkbox"/>
Can arrangements for the equipment be made without presenting a financial hardship on the department?	<input type="checkbox"/>	<input type="checkbox"/>
Is the employee's home office space appropriate for performing work?	<input type="checkbox"/>	<input type="checkbox"/>
Can a cost saving be realized from this telecommuting arrangement? (e.g. office space reduced) <i>Please specify</i>	<input type="checkbox"/>	<input type="checkbox"/>

Approved

Denied

Approval is based on the following conditions: (cost, equipment, core hours, schedule, etc.)

Supervisor's Signature

Date