

Telecommuting Program Application and Work Plan

A. Employee Information (to be completed by the applicant) – PLEASE PRINT

Please check one: New Application Application for Renewal

Name: _____

Job Title: _____

Work Desk Phone Number: _____ Work Cell Phone Number: _____

Supervisor/Manager: _____ Department: _____

Current Work Schedule (hours/days): _____

Employee Email Address: _____

Emergency Contact Information: (voluntary)

Name: _____ Phone Number: _____

Are you currently serving a probation period? Yes No

B. Equipment

Do you have an employer issued laptop? Yes No Inventory Tag #: _____

Do you have a personal computer (PC)? Yes No

Applicant Name and Title: _____

Telecommuting Work Plan

Rationale for the Telecommuting Agreement:

Please describe the reason for the request/assignment:

Telecommuting Location:

Address of Work Location:

Telephone:

Email Address:

<i>Address of Work Location:</i>	<i>Telephone:</i>
<i>Email Address:</i>	

Work Schedule:

I will be available to my manager and other key customers during the following times as part of this agreement:

Start Date of Telecommuting Schedule:

End Date of Telecommuting Schedule:

Regular Telecommuting Schedule (Include days/hours you will be working at the telecommuting work location. All other workdays are presumed to be at the campus):

Applicant Name and Title: _____

Performance Goals and Work Plan:

<i>Projects/Job Functions to be performed while telecommuting:</i>	<i>Observable measures that demonstrate successful progress on each Project/Job Function:</i>	<i>Contacts/Others involved in completion of project:</i>	<i>Deadline date:</i>
1.			
2.			
3.			
4.			

Applicant Name and Title: _____

D. Attestation

I have received, read, and will comply with the Campus Telecommuting Program, my campus or RF employee handbook as applicable, and the following policies if any (to be completed by manager):

By entering your name, you are signing this document and agree to abide by all rules and guidelines.

Employee Name _____ Date _____

****Submit the application to your immediate supervisor/manager for review.***

This section should be completed by immediate Supervisor/Manager

Date submitted to immediate Supervisor/Manager (or designee): _____

I have reviewed the application and the employee:

- Meets criteria
- Does not meet criteria (if this option is selected, you **must** complete both boxes below)

<p>Choose all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Performance concerns <input type="checkbox"/> Duties require physical presence at official work site <input type="checkbox"/> Technology/equipment limitations <input type="checkbox"/> Operational hardship <input type="checkbox"/> Task cannot be quantified and/or evaluated <input type="checkbox"/> Other 	<p>Provide additional information to support your decision:</p>
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By entering your name, you are signing this document.

Supervisor/Manager Name: _____ Date: _____

Supervisor/Manager Title: _____

Supervisor/Manager Email Address: _____

***Supervisor/manager: If paid by sponsored funds, please submit to the Principal Investigator (PI) for approval. If paid through administrative funds, the department head, PI, and VP approval will be required.**

Applicant Name and Title: _____

This section should be completed by the PI, or Senior Leadership, as required.

Date submitted to PI (or Senior Leadership, as required): _____

I have reviewed the application and the application is:

- Approved
- Rejected (If this option is selected, you **must** complete both boxes below)

Choose all that apply:

- Performance concerns
- Duties require physical presence at official work site
- Technology/equipment limitations
- Operational hardship
- Task cannot be quantified and/or evaluated
- Other

Provide additional information to support your decision:

By entering your name, you are signing this document.

PI/Senior Leadership Name: _____ Date: _____

PI/Senior Leadership Title: _____

PI/Senior Leadership Address: _____

This section should be completed by PI/Senior Leadership, as required :

Date submitted to PI/Senior Leadership: _____

PI/Senior Leadership Name: _____ Date: _____

PI/Senior Leadership Signature: _____

This agreement is (circle one): Approved Rejected

If rejected, please justify why:

Distribution: Personnel File
 Employee
 Supervisor/manager

Applicant Name and Title: _____