



COUNTY OF RIVERSIDE TELECOMMUTING APPLICATION

EMPLOYEE SECTION

Employee Name: _____

Department: _____

Job Title: _____

Date: _____

Immediate Supervisor: _____

PROPOSED TELECOMMUTING SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate a ✓ on telecommuting day(s)							
Indicate scheduled hours while telecommuting							

Reason for requesting to telecommute:

Description of work to be conducted while telecommuting:

Is there any work you would not be able to conduct while telecommuting?

What equipment do you currently have at home that will be used for your telecommuting assignment?

What equipment do you need that you currently don't have at home that will be needed for your telecommuting assignment?

The following characteristics relate respectively to your job duties you have listed above. Please rate each characteristic as either high (H), medium (M), Low (L) by placing the appropriate letter in the blank before each statement.

- _____ Amount of face-to-face contact required with the public/clients/employees.
- _____ Degree of telephone communications required.
- _____ Amount of in-office reference material required.
- _____ Ability to perform job duties independently.
- _____ Ability to control and schedule workflow.
- _____ Clear understanding of job expectations.

I understand that telecommuting is a voluntary arrangement between the supervisor, the department, and the employee, and is not an entitlement or employee benefit. I understand that telecommuting may be terminated for any reason, at any time, by any party. I have read and will comply with all telecommuting policies and guidelines if approved for telecommuting.

Signature: _____ Date: _____

Upon completion forward original to your immediate supervisor/manager.

SUPERVISOR OR MANAGER

Supervisor/Manager Name: _____

I have verified the following with regard to the above-named employee:

- () The employee is maintaining satisfactory performance standards.
- () Past work performance demonstrates the ability to work independently.
- () Current job requirements do not necessitate a full-time presence on the premises or "in-person" contact with the public or other departmental staff and/or if they do arrangements have been made for the adjustment.

Budget Impact: _____

Approval/Denial:

- Approval of application as requested by employee
- Approval of application with modifications (see comments below)
- Denial of application (see comments below)

Supervisor's Comments:

Supervisor's Signature: _____ **Date:** _____

- ✓ Return original to the employee and keep one copy for your supervisory records.
- ✓ If approved, instruct the employee to complete The Telecommuting Work Program Agreement pursuant to the agreed upon terms in the above application.