



Oregon Department of Fish and Wildlife Telecommuting / Teleworking Application

Instructions: Employee shall complete application and give to supervisor. Supervisor shall conduct a preliminary completeness review. Telecommuting/Teleworking arrangements shall be approved by the supervisor, the Division Administrator/Region Manager and the Human Resources Administrator, in conjunction with the appropriate Deputy Director, prior to implementation.

Employee Information:	Position # _____
Name: _____	Central worksite phone: _____
Division: _____ Supervisor: _____	Phone: _____
Proposed alternate worksite: <input type="checkbox"/> Home <input type="checkbox"/> Satellite office <input type="checkbox"/> Telecommuting center <input type="checkbox"/> Other (specify) _____	
Alternate worksite address: _____ City: _____	
Alternate worksite phone: _____ Fax: _____ Cell/Pager: _____	
Alternate worksite office e-mail (if different from central office): _____	
In addition to my supervisor and other management personnel, the following personnel would be authorized to have my alternate worksite phone number: _____	

Telecommuting / Teleworking Schedule:
I propose to telecommute / telework on: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Variable/seasonal (specify) _____
Alternate days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Daily schedule: Total hours per day: _____ Start: _____ a.m./p.m. Finish _____ a.m./p.m. Lunch: _____ a.m./p.m. To _____ a.m./p.m. Core hours I can be reached: _____ a.m./p.m. To _____ a.m./p.m.
Tasks or assignments to be completed on telecommuting / teleworking days (e.g., planning, reading, budgeting, data entry, word processing, contacting customers, analysis, preparing contracts, etc.): _____

Dependent care:
I have dependents requiring care during telecommuting / teleworking hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
I have dependent care to relieve me from primary-care responsibilities during telecommuting / teleworking hours? <input type="checkbox"/> Yes <input type="checkbox"/> No

Accessibility information
When telecommuting/teleworking, I can be contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Voice mail <input type="checkbox"/> E-mail <input type="checkbox"/> Other: _____

Equipment/services to be used at the alternate worksite:
I propose to provide the following equipment and software (check all that apply):
<input type="checkbox"/> Phone <input type="checkbox"/> Voice mail <input type="checkbox"/> Second phone line <input type="checkbox"/> Office furniture
<input type="checkbox"/> Fax Machine <input type="checkbox"/> Internet service provider <input type="checkbox"/> Pager
<input type="checkbox"/> Computer type and model: _____

Equipment/services to be used at the alternate worksite: (continued)

Printer type and model: _____
 Modem type and model: _____
Operating system: _____
Software: _____
Surge Protection type: _____
Other equipment not mentioned above: _____
Remote access requested? Yes No

Applicant acceptance of telecommuting / teleworking policy:

I have read HR Policy 450_06, Telecommuting and Teleworking and understand the requirements and obligations I am expected to accept and meet as a telecommuter /teleworker.

Applicant's name (print): _____

Applicant's signature: _____ Date: _____

**To be completed by the Immediate Supervisor, in consultation with the employee.
Additional information can be provided for questions 2-7 in the "comment" area.**

1.	Has the employee successfully completed his/her trial service period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the employee have sufficient tasks appropriate for telecommuting / teleworking that would justify a formal telecommuting / teleworking agreement? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do the job duties allow for the scheduling of face-to-face meetings on non-telecommuting days? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Can the employee meet customer and co-worker needs when telecommuting / teleworking? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	If the job is a supervisory position, is the employee able to adequately supervise staff while telecommuting/teleworking? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Can the employee access resources that must stay at the office on telecommuting/teleworking days (e.g., confidential or financial materials that cannot be removed from the office)? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Can the employee obtain access to necessary databases and electronically stored information from the alternate worksite? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I recommend accepting this application for: Telecommuting Teleworking
Yes No

If yes, **Forward this Application with the completed Telecommuting or Teleworking Agreement (Attachment B or Attachment C) to the Division Administrator/Region Manager.**

If no, Reasons for denial:

If no, the employee may contact the Region Manager/Division Administrator to review the decision.

Supervisor's name (print): _____

Supervisor's Signature: _____ Date: _____