



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: Home Satellite office Telecommuting center 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: Mon. Tues. Wed. Thurs. Fri.
 Variable/seasonal (specify) _____

Alternate days: Monday Tuesday Wednesday Thursday 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? Yes No
 I have dependent care to relieve me from primary-care responsibilities during telecommuting / teleworking hours? Yes No

Accessibility information

When telecommuting/teleworking, I can be contacted by: Phone Voice mail E-mail Other: _____

Equipment/services to be used at the alternate worksite:

I propose to provide the following equipment and software (check all that apply):

Phone Voice mail Second phone line Office furniture
 Fax Machine Internet service provider Pager
 Computer type and model: _____

