



TELEWORK (REMOTE WORK) REQUEST FORM

Employee Name:				
Job Title:				
Department:				
Requested Start Date:		Requested End Date:		
Telework Hours:				
	From:	AM PM	To:	AM PM
Telework Days:	<input type="checkbox"/> All work is performed remotely <input type="checkbox"/> Blend of remote work and on-site work (indicate requested daily schedule) <input type="checkbox"/> M _____ <input type="checkbox"/> T _____ <input type="checkbox"/> W _____ <input type="checkbox"/> Th _____ <input type="checkbox"/> F _____			
Telework Location				
(Full Address):				
Telework Phone Number for Telework:			<input type="checkbox"/> Personal Home or Cell Phone <input type="checkbox"/> City-owned Cell Phone	
At this location I have:				
	<input type="checkbox"/> Adequate internet service to support teleworking (City does not provide Internet service or reimbursement for internet service under this agreement) <input type="checkbox"/> Adequate phone service/cell service (can be personal landline or cell phone service to be used for telework purposes (City does not provide cell phones for temporary telework or reimbursement for cellular phones under this agreement, however long distance work calls from a home phone may be submitted for reimbursement with a copy of the phone bill). <input type="checkbox"/> A home office/designated work area within my home in which to complete My work. <input type="checkbox"/> The ability to complete and protect proprietary, sensitive, and confidential information related work in my home office/designated work area to meet the City's expectations of information security while working remotely. <input type="checkbox"/> The ability to secure proprietary, sensitive or confidential information during non-work hours in a locked work room/file cabinet/desk/etc. as needed.			

Equipment I will need in order to perform remote work:	Please list below: <ul style="list-style-type: none"> • • • • •
While teleworking, I am able to complete the following:	<input type="checkbox"/> All aspects of my position remotely <input type="checkbox"/> Most aspects of my position remotely <input type="checkbox"/> Limited aspects of my position remotely <input type="checkbox"/> None of my typical job responsibilities, however I am willing to complete alternative work, if such work is available.
I am NOT able to complete the following aspects of my position remotely:	<ul style="list-style-type: none"> • • • • • • • •

By signing below this form, I am requesting to telework and agree to adhere to the City's Public Health Emergency: Telework Policy and any other related policies and work rules. I also acknowledge that this is a temporary assignment that will cease when the public health emergency has ceased, or can be cancelled at any time by either the employee or supervisor.

Signature:	Date:
Employee:	

Signatures:		Date:	Approved:
Dept/Division Head:			<input type="checkbox"/> Y <input type="checkbox"/> N
Human Resources Director:			<input type="checkbox"/> Y <input type="checkbox"/> N

CC: Employment File
Employee
Department/Division Head
IT Director