

REQUEST FOR TELEWORKING APPROVAL

Written approval must be received from *an authorized official* prior to an employee beginning teleworking.

TO BE COMPLETED BY REQUESTING EMPLOYEE:

Employee Name: _____

Employee Job Title: _____

I am requesting approval to telework full-time or part-time basis. (*Check One*).
 This request is for continuous teleworking or occasional teleworking (*Check One*).

I have read the DHS Teleworking Policy, *DHS TELEWORKING GUIDELINES*, and related documents and agree to comply with all provisions in these documents. Attached are my completed **TELEWORKER SELF-ASSESSMENT** Form, **TELEWORKER WORK SPACE SELF-CERTIFICATION** Form and **TELEWORK IN PEOPLESOFT ENROLLMENT FORM**.

Signature of Employee Date

This form and attachments are to be forwarded to the appropriate manager/supervisor for review.

TO BE COMPLETED BY MANAGER/SUPERVISOR:

Manager/Supervisor _____

Manager's Work Location _____

Office Phone # _____

E-Mail Address _____

I have reviewed the position and employee eligibility criteria and the needs of the organization. Based on this review, I have determined that teleworking should be:

Approved _____ Denied _____

Signature of Manager/Supervisor Date

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If approved, this form and the proposed *DHS TELEWORKING AGREEMENT* are to be forwarded to an authorized official for review.

If denied, comments outlining the reason(s) for the decision are to be documented below and the request is to be returned to the employee. This decision is final and is not appealable, grievable or subject to review.

Comments _____

TO BE COMPLETED BY AN AUTHORIZED OFFICIAL:

I have reviewed the employee's position, the manager's/supervisor's recommendation and the proposed *DHS TELEWORKING AGREEMENT*. Based on this review, I have determined that teleworking should be:

Approved _____

Denied _____

Signature of Authorized Official

Date

If approved, this form and the proposed *DHS TELEWORKING AGREEMENT* are to be returned to the appropriate manager/supervisor for signatures. If denied, comments outlining the reason(s) for the decision are to be included below, and the form and agreement are to be returned to the manager/supervisor for proper routing. This decision is final and is not appealable, grievable or subject to review.

A copy of this approved request form is to be forwarded to the DHS Division/Office Teleworking Coordinator for tracking purposes.

Comments: _____
