

**SCN**

## Telecommuting Request Form

*To be completed by the Supervisor and submitted to the Human Resource Office.*

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

*Please review the Telecommuting Policy and Guidelines before completing the section below.*

<b>Job Criteria</b>	<b>Position Profile</b> <i>Please comment on the match between the Job Criteria and the requirements of this position.</i>
Work is information based.	
Minimal face-to-face contact is required.	
Works alone on assignments (data entry, report, or proposal generation, research, etc.)	
Productivity can be monitored/measured easily.	
Other Job Specific factors to consider:	
<b>Telecommuter Criteria</b>	<b>Employee Profile</b> <i>(Please comment on the criteria listed in relation to this employee.)</i>
Strong performer	
Self-directed (demonstrates ability to manage time and work)	
Problem-solving (demonstrates low need for assistance from others)	
Social Interaction (low need for daily interaction with co-workers or others)	
Environment – The proposed telecommuting location is free from distractions (children or others in need of care)	
Safety – The proposed telecommuting location is	

ergonomically safe and free from hazards.

**Telecommuting Schedule**

*The employee should have regularly scheduled days at the work location for meetings, interaction with other staff members, etc. The employee should also have regularly scheduled work hours at the telecommuting site. Use the space below to list the days of the week and times on which the employee is expected to be on-site as well as the work schedule at the telecommuting site. (Note: This is critical for non-exempt employees.)*

**On-Site Days and Hours**

**Off-Site Working Hours**

**Equipment Needs/Costs**

*According to the SCN Telecommuting Guidelines, the telecommuting employee is expected to furnish all necessary equipment – with the exception of software that is licensed by the employer. Please list below the equipment necessary for the performance of the job.*

**Communication**

*During the telecommuting arrangement, the employee is expected to be accessible by phone or modem within a reasonable amount of time. Please outline below the plan established for communicating with the telecommuting employee. Include instructions regarding how time sheets are to be submitted.*

**Other Comments/Information**

**H.R. Recommendation/Signature**

**Date**