WENATCHEE VALLEY COLLEGE

**TELEWORKING REQUEST FORM**

This request is to be completed by the employee who requests to telework on a regularly scheduled basis. The purpose of this form is to secure official approval for an employee to be a regularly scheduled telecommuter. Please be aware that not all college positions are ideal for teleworking arrangements**. If approved, the teleworking employee must complete and sign the Teleworking Agreement Form which will be filed in the HR office.**

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| **EMPLOYEE INFORMATION** | | | |
| First Name | Last Name | M. I. | Job Title |
| Employing Department | | Supervisor Name | |

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| --- | --- |
| **Position and Type of Work**  *(ideal environment for teleworking)* | **Position Profile**  *(how will the position meets the ideal environment)* |
| Minimal in-person contacts are required. |  |
| Worker productivity can be monitored. |  |
| Need for specialized equipment minimal. |  |
| Worker generally works alone. |  |
| **Employee Characteristics Criteria**  *(skills necessary for successful teleworking)* | **Employee Profile**  *(how well does the employee match the skills needed)* |
| Employee is self-directed, motivated and organized. |  |
| Employee demonstrates effective communication skills. |  |
| Employee demonstrates strong job knowledge. |  |
| Employee has satisfactory job performance and evaluations. |  |
| Employee demonstrates strong work ethic and dependability. |  |
| **Alternative Worksite Criteria**  *(ideal environment for teleworking)* | **Alternate Worksite**  *(how well does the new environment meet the ideal)* |
| The alternate worksite is free from distractions that compete with job duties. |  |
| The alternate worksite allows for confidentiality of college information. |  |
| Specify any equipment or technology access the employee will need to telecommute and whether it will be employee or employer provided. Review all policies on the use of college-owned equipment, including while telecommuting. |  |
| The alternate worksite is free from potential injury hazards. |  |

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| **Please describe other information that would be helpful to know for those reviewing the request?** |
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**I hereby affirm by my signature that the information above is correct to the best of my knowledge:**

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

Request Approved Disapproved Supervisor Signature: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_

Request Approved Disapproved Cabinet Administrator: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_

If disapproved, reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original: employee file C: supervisor, human resources, employee 6/21/21 tm