**TELECOMMUTING REQUEST**

*[For annual renewal, please complete the Telecommuting Renewal Request](http://www.uwgb.edu/UWGBCMS/media/hr/forms/TelecommutingRenewalRequest.docx)*

[Telecommuting Policy](http://www.uwgb.edu/UWGBCMS/media/hr/policies/TelecommutingPolicy.pdf)

The success of telecommuting is dependent on a mutually beneficial arrangement for the university, the unit/department, and the employee. This form is to be completed by the employee who is requesting a telecommuting arrangement. The form is designed to facilitate a positive discussion between the supervisor and the employee. It is important that all questions are answered and the supervisor and employee review the answers together to determine feasibility. Telecommuting is not considered a right of employment. In the event that the supervisor and employee cannot reach agreement regarding the feasibility of telecommuting, the request is denied.

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| **EMPLOYEE INFORMATION** | | | | | | | |
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| Employee Name: | |  | | Department: |  | | |
| UW System Title: | |  | | FTE %: |  | | |
| Working Title: | |  | | Supervisor: |  | | |
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| **REQUEST** | | | | | | | |
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| Describe your current work schedule and include your length of time in the position. | | | | | | | |
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| Reason for request to telecommute: | | | | | | | |
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| **FUNCTION STATEMENTS** | | | | | | | |
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| This section is instrumental in determining the feasibility of telecommuting and the means to evaluate the tasks done at the telecommuting site. Describe the major functions and the most relevant tasks of your position. Include such tasks as: research, writing, word processing, data management, design/graphics, planning/organizing, evaluation or electronic communication. Indicate the location (on or off site) and percentage of time you anticipate the tasks to be completed at each location. Off-site refers to the possibility that the task can be done at a telecommuting site. | | | | | | | |
| **PRIMARY (ESSENTIAL) JOB FUNCTIONS** | | | **SPECIFIC TASK** | | | **% TIME**  **OFF SITE** | **% TIME**  **ON SITE** |
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| **SECONDARY JOB FUNCTIONS** | | | **SPECIFIC TASK** | | | **% TIME**  **OFF SITE** | **% TIME**  **ON SITE** |
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| **EMPLOYEE AND POSITION CHARACTERISTICS** | |
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| Certain employee and position characteristics are necessary to insure that the telecommuting arrangement succeeds. This section assists the employee and supervisor to make a thoughtful choice resulting in a positive work experience for the employee and the department. | |
| After reviewing each item listed below, record the number (1-5) that best correlates to your work style.  Percentage of time range: 1 = 0%, 2= 25%, 3=50%, 4=75%, 5=100% | |
| Works independently with minimal direct supervision. |  |
| Works easily without frequent feedback from others. |  |
| Meets timelines consistently. |  |
| Is able to plan and schedule work independently. |  |
| Takes initiative in requesting advice or clarification from others. |  |
| Displays independent problem solving abilities. |  |
| Has basic computer literacy skills including elementary trouble shooting skills. |  |
| Is reliable concerning current work hours. |  |
| Is comfortable working for periods of time without contact with people. |  |
| Can communicate effectively using other than face-to-face interaction. |  |
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| After reviewing each item listed below, record the letter (H, M, L) that best correlates to your position.  H= High, M= Medium, L= Low | |
| Amount of face-to-face communications required. |  |
| Amount of in-office reference material required. |  |
| Amount of physical access to special resources required. |  |
| Need for physical security of data. |  |
| Frequency of unexpected changes in work schedule, tasks or request. |  |
| Amount of time spent working at a terminal or PC. |  |
| Availability of quantitative measures for assessing performance (number of reports, forms, cases completed, etc.). |  |
| Clarity of objectives for a given work effort. |  |
| Autonomy. |  |
| Ability to “group” required face-to-face communications into predetermined time periods. |  |
| Ability to control and schedule work flow. |  |
| Ability to “group” in-office reference/resource requirements into predetermined time periods. |  |
| Degree of clear, well-defined work objectives. |  |

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| **JOB APPLICABILITY** | | | |
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| This section assesses the compatibility of your request with the needs and expectations of your specific position. Please answer the following questions completely.  List the proposed tasks that you will do at the telecommuting site. Identify the evaluative outcomes you would propose for yourself. Consider how your supervisor could assess your performance in meeting or exceeding expectations. Be as quantitative as possible. (Refer back to Function Statements). | | | |
| **PROPOSED TASKS** | | **% OF TIME** | **EVALUATIVE CRITERIA** |
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| **ADDITIONAL INFORMATION** | | | |
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| Address of the proposed telecommuting site? | | | |
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| Proposed schedule of work hours: | | | |
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| Describe the telecommuting site, including arrangements to maintain confidentiality and security of records, reports, and data: | | | |
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| Describe your availability for staff meetings, discussions with co-workers and supervisor, and other group times. | | | |
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| Identify any distractions or obligations that might make working at the telecommuting site difficult and your plans for handling these. | | | |
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| If you are supervising others, describe how you will maintain those responsibilities and ensure connectedness with those you supervise. Address subordinates’ abilities to work independently. | | | |
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| Address how service may be affected. | | | |
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| How will you ensure that the telecommuting arrangement does not inadvertently have an negative impact on your colleagues or their workload? | | | |
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| Identify the equipment you have available at the telecommuting site: | | | |
|  | computer/terminal  printer  high-speed internet connection  additional telephone line  software  desk chair  filing cabinet  photocopier  fax  internet access service  long distance phone service  other (please specify): | | |
| Any other equipment needed to support this arrangement: | | | |
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| **TELECOMMUTING SAFETY CHECKLIST** | |
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| The following checklist is designed to help you assess the safety of your alternate work area, and facilitate communication and clarify expectations between employees and employers with respect to safety issues. Please read and answer each question. Upon completion, please sign and review the checklist with your supervisor.  Note: A no response to the following questions does not automatically disqualify an employee from telecommuting. | |
| Are the lighting levels adequate for the work that is being performed? | Yes  No  N/A |
| Are the stairs with four or more steps equipped with handrails? | Yes  No  N/A |
| Is all electrical equipment free of recognized hazards such as frayed or loose wires? | Yes  No  N/A |
| Are electrical cords double insulated and/or equipped with three prong plugs? | Yes  No  N/A |
| Are there enough electrical outlets in the work area with sufficient electrical capacity to avoid overloading? | Yes  No  N/A |
| Are surge protectors, with a built in circuit breaker, used for computers, fax machines and printer? | Yes  No  N/A |
| Are halls, doorways, corners, work areas and exits free of obstructions and tripping hazards? | Yes  No  N/A |
| Are file cabinets and the computer workstation level and stable? | Yes  No  N/A |
| Is the work area maintained within a temperature range of 68 to 76 degrees? | Yes  No  N/A |
| Are phone lines and electrical cords secured and out of the way? | Yes  No  N/A |
| Is the carpet or tile in the workspace secure and free of tears, lumps and loose pieces? | Yes  No  N/A |
| Are materials arranged and/or stored within easy reach? | Yes  No  N/A |
| Is a smoke detector located on each level of the home and are the batteries changed at least semi-annually? | Yes  No  N/A |
| Are the stairs and sidewalks outside the premises in good condition and free of tripping hazards? | Yes  No  N/A |
| Are emergency phone numbers for the local fire and police departments and the nearest hospital clearly posted? | Yes  No  N/A |

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| **TELECOMMUTING ERGONOMIC CHECKLIST** | |
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| The following checklist is designed to help you determine if your workstation is properly arranged from an ergonomic perspective, and facilitate communication and clarify expectations between employees and employers with respect to ergonomic issues. Please read and answer each question. Upon completion, please sign and review the checklist with your supervisor.  Note: A no response to the following questions does not automatically disqualify an employee from telecommuting. | |
| Is your chair adjustable? | Yes  No  N/A |
| Is your back fully supported by a backrest? | Yes  No  N/A |
| Are your thighs parallel to the floor and your knees at a 90-110 degree angle when sitting at your workstation? | Yes  No  N/A |
| Are your feet flat on the floor or supported by a footrest? | Yes  No  N/A |
| Is the monitor approximately 18-30 inches from your eyes? Note: If you work with a monitor which is 17 inches or larger, you may need to move the monitor a few inches farther away. | Yes  No  N/A |
| Is the top of the monitor slightly below your eye level? Note: If you wear prescription glasses, you may need to position the monitor differently. | Yes  No  N/A |
| Is the monitor directly in front of you? | Yes  No  N/A |
| Is the screen positioned to minimize glare and reflections from overhead lights, windows and other light sources? | Yes  No  N/A |
| Are documents placed next to the monitor and at the same distance height as the screen? If not, use a document holder. | Yes  No  N/A |
| Is the height and angle of the keyboard adjusted to keep your wrist in a straight (neutral) position? | Yes  No  N/A |
| Are your elbows bent at a 90-degree angle when your hands are resting on the keyboard? | Yes  No  N/A |
| Is the screen's brightness and contrast controls set for optimal viewing? | Yes  No  N/A |
| Is your head upright and shoulders relaxed when you are looking at the screen? | Yes  No  N/A |
| Is the mouse positioned close to the keyboard and at the same level? | Yes  No  N/A |
| Are your arms and elbows close to your body when typing? | Yes  No  N/A |
| Do you use a headset or speaker phone if you use the phone frequently? | Yes  No  N/A |
| Do you periodically change positions, stand up and/or stretch? | Yes  No  N/A |
| Do you have adequate leg room under your desk? | Yes  No  N/A |

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| *Employee Signature* |  | *Date* |

**TELECOMMUTING AGREEMENT**

Telecommuting is available to employees deemed eligible by the University of Wisconsin-Green-Bay. Telecommuting agreements are granted at the discretion of the employer.

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| **AGREEMENT INFORMATION** | | | |
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| Employee Name: |  | Department: |  |
| Agreement Start Date: |  | End Date: |  |
| *Agreement should not exceed 12 months.* | | | |
| Other conditions of agreement: |  | | |
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This agreement is established between the University of Wisconsin- Green Bay and the Employee noted above. This agreement shall cover the period noted above or as modified or rescinded by the supervisor and/or division head, employee, or other university administration. In the event that either the university or the employee needs to withdraw from the Agreement, a two-week notice shall be given unless a work related emergency necessitates immediate suspension. Normally, if the university needs to withdraw from the Agreement, it will give the employee two week notice. However, the university retains the right to suspend the Agreement at any time.

Every three months or upon the request of the supervisor and/or division head or other university administration, the Agreement will be reviewed by the supervisor and employee. A copy of the Telecommuting Request must be attached to this Agreement.

This Agreement is subject to the following conditions being met on a continuing basis:

1. The telecommuting agreement does not interfere with normal interactions with supervisor, fellow employees, and students.
2. Telecommuting does not adversely affect the ability of other employees to perform their work.
3. The employee ensures his/her accessibility to staff.
4. Personal leave (vacation and sick leave) is handled in the same manner as prior to the implementation of telecommuting.
5. The employee agrees to and follows an established work schedule.
6. Other conditions of agreement:

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| **REQUEST** | | | | | |
| I agree to the proposed telecommuting agreement over the duration of the agreement period. It is understood that telecommuting is subject to the changing academic and business needs of the university. The university reserves the right to adjust telecommuting schedules accordingly or eliminate telecommuting and will make every effort to provide adequate notice. | | | | | |
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| *Employee* | |  | | *Date* | |
| Employee: Sign, date and send request and agreement to Human Resources for review. | | | | | |
| **HUMAN RESOURCES REVIEW** | | | | | |
| Comments: | | | | | |
| *Signature* | | |  | | *Date* |
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| **AUTHORIZATION** | | | | | |
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| *Supervisor* | |  | | *Date* | |
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| *Dean/Division Head* | |  | | *Date* | |
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| *Area Leader* | |  | | *Date* | |
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| *Position Review Committee Chair* | |  | | *Date* | |
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| *If denied at any time, please complete this section, provide employee with a copy and send original to HR.* | | | | | |
| Reason for denial: |  | | | | |
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| **FORWARD COMPLETED FORM TO HUMAN RESOURCES** | | | | | |