

TELECOMMUTING REQUEST/WORKSHEET

The success of telecommuting is dependent on it being 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 and submitted to the supervisor. 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.

NAME: _____ **SIGNATURE:** _____
POSITION: _____ **UNIT/DEPARTMENT:** _____
SUPERVISOR: _____ **DATE OF REQUEST:** _____
REASON FOR REQUEST TO TELECOMMUTE:

Section 1

Describe your current work schedule and include your length of time in the position.

FUNCTION STATEMENTS:

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. Check the location where the tasks could be completed. Off site refers to the possibility that the task can be done at a telecommuting site.

Essential (Primary) Functions	Specific Tasks Site	% of Time Site	Off	On
-------------------------------	---------------------	----------------	-----	----

Characteristics Compatible with a Telecommuting Arrangement

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, circle the number that best correlates to your work style. The range follows: 1 = never; 3 = 50% of the time; and 5 = always.

- a. Works independently with minimal direct supervision.
- b. Works easily without frequent feedback from others.
- c. Meets timelines consistently.
- d. Is able to plan and schedule work independently.
- e. Takes initiative in requesting advice or clarification from others.
- f. Displays independent problem solving abilities.
- g. Has basic computer literacy skills including elementary trouble shooting skills.
- h. Is reliable concerning current work hours.
- i. Is comfortable working for periods of time without contact with people.
- j. Can communicate effectively using other than face-to-face interaction.

After reviewing each item listed below, circle the letter that best correlates to your job position. The range follows: H = high; M = medium; L = low.

- a. Amount of face-to-face communications required.
- b. Amount of in-office reference material required.
- c. Amount of physical access to special resources required.
- d. Need for physical security of data.
- e. Frequency of unexpected changes in work schedule, tasks or request.
- f. Amount of time spent working at a terminal or PC.
- g. Availability of quantitative measures for assessing performance (number of reports, forms, cases completed, etc.).
- h. Clarity of objectives for a given work effort.
- i. Autonomy.
- j. Ability to “group” required face-to-face communications into predetermined time periods.
- k. Ability to control and schedule work flow.
- l. Ability to “group” in-office reference/resource requirements into predetermined time periods.
- m. Degree of clear, well-defined work objectives.

Section 2

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

1. Identify the address of the proposed telecommuting site.

2. List the proposed schedule of work hours.

3. Describe the telecommuting site, including arrangements to maintain the confidentiality and security of the records, reports and data.

4. Describe your availability for staff meetings, discussions with co-workers and supervisor, and other group times.

5. Identify any distractions or obligations that might make working at the telecommuting site difficult and your plans for handling these.

6. 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.

7. Address how service may be affected.

8. How will you ensure that the telecommuting arrangement does not inadvertently have a negative impact on your colleagues or their workload?

9. Identify the equipment you have available at the telecommuting site.

- computer/terminal
- printer
- high-speed internet connection
- additional telephone line
- software
- desk and chair
- filing cabinet
- photocopier
- fax
- internet access service
- long distance service
- other (please specify):

10. List any other equipment needed to support this arrangement.

The request to telecommute is approved.

The request to telecommute is denied.

Supervisor Signature

Date

Human Resources Signature

Date

Division Head Signature

Date

Area Leader Signature

Date

**Forward original to Human Resources for final distribution.*

Telecommuting Safety Checklist

The following checklist is designed to 1) help you assess the safety of your alternate work area, and 2) 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.

1. Are lighting levels adequate for the work that is being performed?
2. Are the stairs with four or more steps equipped with handrails?
3. Is all electrical equipment free of recognized hazards such as frayed or loose wires?
4. Are electrical cords double insulated and/or equipped with three prong plugs?
5. Are there enough electrical outlets in the work area with sufficient electrical capacity to avoid overloading?
6. Are surge protectors, with a built in circuit breaker, used for computers, fax machines and printer?
7. Are halls, doorways, corners, work areas and exits free of obstructions and tripping hazards?
8. Are file cabinets and the computer workstation level and stable?
9. Is the work area maintained within a temperature range of 68 to 76 degrees?
10. Are phone lines and electrical cords secured and out of the way?
11. Is the carpet or tile in the workspace secure and free of tears, lumps and loose pieces?
12. Are materials arranged and/or stored within easy reach?
13. Is a smoke detector located on each level of the home and are the batteries changed at least semi-annually?
14. Are the stairs and sidewalks outside the premises in good condition and free of tripping hazards?
15. Are emergency phone numbers for the local fire and police departments and the nearest hospital clearly posted?

Telecommuting Ergonomic Checklist

The following checklist is designed to 1) help you determine if your workstation is properly arranged from an ergonomic perspective, and 2) 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.

1. Is your chair adjustable?
2. Is your back fully supported by a backrest?
3. Are your thighs parallel to the floor and your knees at a 90-110 degree angle when sitting at your workstation?
4. Are your feet flat on the floor or supported by a footrest?
5. 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.
6. 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.
7. Is the monitor directly in front of you?
8. Is the screen positioned to minimize glare and reflections from overhead lights, windows and other light sources?
9. Are documents placed next to the monitor and at the same distance height as the screen? If not, use a document holder.
10. Is the height and angle of the keyboard adjusted to keep your wrist in a straight (neutral) position?
11. Are your elbows bent at a 90-degree angle when your hands are resting on the keyboard?
12. Is the screen's brightness and contrast controls set for optimal viewing?
13. Is your head upright and shoulders relaxed when you are looking at the screen?
14. Is the mouse positioned close to the keyboard and at the same level?
15. Do you have adequate leg room under your desk?
16. Are your arms and elbows close to your body when typing?
17. Do you use a headset or speaker phone if you use the phone frequently?
18. Do you periodically change positions, stand up and/or stretch?