

INTERIM TELEWORK APPLICATION

Name: _____
Agency: _____ Division/Bureau _____
Official Duty Station: _____
Job Title: _____ Position Number: _____
Name and Title of Supervisor: _____
Name and Title of Manager: _____

There are two types of telework; 1) routine telework in which telework occurs as part of an ongoing, regular schedule which has been outlined in the below telework schedule and 2) situational telework that is approved on a case-by-case basis by your supervisor/manager, where the hours worked were NOT part of an ongoing and regular telework schedule. Examples of situational telework include telework as a result of inclement weather, doctor appointment, or special work assignments, and is sometimes also referred to as situational, episodic, intermittent, unscheduled, or ad-hoc telework.

1. I am applying for routine telework.

If you propose to telework as part of a regular schedule, describe your proposed telework schedule:
(Employee should review the Telework Guidelines for specific rules regarding telework schedules.)

Duration: From: _____ To: _____
(mm/dd/yy) (mm/dd/yy).

My scheduled work hours are: From: _____ To: _____

I would like to telework ___ day(s) per pay period ___ pay period(s) per month on the following days

Fri. Sat. ___ Sun. ___ Mon. Tues. Wed. Thurs.

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If you have an existing alternate work schedule or reduced schedule that you wish to continue in conjunction with teleworking, indicate the hour(s) and day(s) off each pay period.

2. I am applying for situational telework.

If you are applying for situational telework, describe the types of circumstances under which you anticipate performing situational telework (i.e., a special work assignment away from your official duty station). If your request for general approval of situational telework is granted by approval of this form, any specific application of such telework must be approved by your supervisor or manager.

Section A

1. The State of Connecticut Interim Telework Guidelines do not allow employees currently in an initial or promotional working test period to telecommute.

Are you currently in an initial or promotional working test period? Yes No

If the answer is YES, you are not eligible for the Agency's Interim Telework Program.

2. Those employees who telework must have valid Agency-provided tokens and VPN software installed on their state-assigned laptop unless the agency makes alternate arrangements approved by both the teleworkers' agency and the Department of Administrative Services, Bureau of Enterprise Systems and Technology (BEST).

Do you have valid Agency-provided tokens and VPN software installed on a state-assigned laptop or an alternate arrangement approved by both the Agency and BEST?

Yes No **If the answer is NO, the Agency will work with you to try to make such equipment available within the Agency's existing appropriations.**

Section B

Proposed Telework Location

Address: _____ Telephone Number: _____

Name of homeowners/ renters insurance company: _____

Policy expiration date: _____

Attach a copy of your homeowner's or renter's insurance certificate to this proposal.

Will another teleworker work from that location?

Yes No

If yes, list their name(s)/employer(s):

<u>Name</u>	<u>Employer</u>
_____	_____
_____	_____
_____	_____

Will anyone be responsible for the care of dependents at the telework location while you are teleworking?

Yes No

If yes, attach documentation of child-care/elder-care arrangements showing you will not be responsible for such care during your teleworking hours.

An employee may not have outside employment or outside income where teleworking will enable or create the appearance of enabling, the employee to co-mingle state and non-state work during established work hours.

Attach documentation of outside employment or outside income.

Describe which of your job duties you anticipate performing at the telework location. Include in your description what materials, records or other work product you need to perform each duty and whether any of those materials are confidential or protected.

Describe how you will communicate with your supervisor, co-workers, and clients while you are teleworking.

- I have reviewed the State of Connecticut Telework Guidelines and I understand my rights and obligations under such Guidelines and the related policies.
- I have reviewed, completed and attached the State of Connecticut Telecommuting Security Addendum form.
- I have attached a copy of my homeowners/ renters insurance policy.
- I understand that a Telework Agreement must be approved and signed before I begin teleworking.

Employee's Signature

Date