

THE CITADEL TELECOMMUTING REQUEST

I. THIS SECTION IS TO BE COMPLETED BY THE RECIPIENT AND FORWARDED TO THEIR DEPARTMENT HEAD.

Employee's Name:		CWID:
Employee's Classification:		Hourly Rate of Pay:
Department:	Supervisor:	
Number of days you would like to telecommute:	Number of hours per day:	
Please describe how you think your job responsibilities are suited for telecommuting:		
_____		_____
Employee's Signature		Date

II. THIS SECTION IS TO BE COMPLETED BY THE RECIPIENT'S DEPARTMENT HEAD AND FORWARDED TO THE HUMAN RESOURCES DEPARTMENT.

I have discussed the possibility of telecommuting with the above mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Comments: _____

Department Head's Signature Date

III. THIS SECTION IS TO BE COMPLETED BY THE DIRECTOR OF HUMAN RESOURCES

Has the recipient met the requirements of the Telecommuting Program? Yes No

The request of the recipient has been: Approved Disapproved Total hours approved: _____

Effective dates of approval: From _____ To _____

Comments: _____

Director of Human Resources Date

Last modified: 07-07-15

THE CITADEL TELECOMMUTING REQUEST FORM

TO BE COMPLETED BY SUPERVISOR AND REVIEWED BY HUMAN RESOURCES

Employee Name:	CWID:
Employee's Classification:	Supervisor:

Proposed Telecommuting Schedule:

Job Criteria should be based on employee's essential and marginal functions defined in their position description. Please attach a copy of the employee's position description.

Job Criteria	Position Profile (Please comment on the match between the criteria and this position).

Telecommuter Criteria	Employee Profile
Strong Performer	
Self-Directed (demonstrated ability to manage own time and work.	
Demonstrated ability to solve own problems – low need for assistance from manager or others.	
The proposed telecommute setting is free from distractions (children or others in need of care, etc.)	
A separate work area is available, so the employee can focus on work without distractions (a home office is preferred).	

Equipment Needs/Costs							
Computer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____	Ergonomic Equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____
Internet Access:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____	Modem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____
Phone Line:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____	Zip Drive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost: _____				

Recommendation and Signature Approval
Comments:

_____ Supervisor Signature	_____ Date	_____ Director of Human Resources	_____ Date
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