

TELEWORK APPLICATION

Employee Information

Name _____ Primary office phone _____
Department/Division _____
Supervisor _____ Phone _____
Proposed telework location: Home Satellite office Other
Telework address _____
Telephone _____ Telework office e-mail _____
In addition to your supervisor and other management personnel, the following personnel would be authorized to have your telework phone number _____
Do you have a room or an area at the remote location with privacy that you can dedicate to your use during telework? Yes No

Telework statistics

Proposed start date _____ Hours of travel time saved per week _____
_____ x _____ x _____ = _____
Number of round trips per week miles per per round trip miles per gallon gallons saved/week

Telework schedule

Which days do you propose to telework?
 Monday Tuesday Wednesday Thursday Friday
 Variable/seasonal (specify) _____
Alternate days:
 Monday Tuesday Wednesday Thursday Friday
Daily schedule: Total hours per day
Start _____ a.m./p.m. Finish _____ a.m./p.m.
Core hours you can be reached: _____ a.m./p.m. to _____ a.m./p.m.
Objectives and/or expected results to be completed on telework days:

How will this arrangement benefit OUS? _____

Dependent care

Do you have dependents requiring care during telework hours? Yes No
If yes, would you have dependent care to relieve you from primary care responsibilities during telework hours? Yes No

Accessibility information

How can you be contacted when you telework? Phone E-mail
 Voice mail/answering machine Other

Equipment/services to be used at the telework-site

What equipment and software do you propose to provide (check all that apply)?
 Phone Voice Mail Second phone line Office furniture Pager
 Fax machine Internet service provider
 Computer type and model _____
 Printer type and model _____
 Model type and model _____
Operating system _____
Software _____
Surge protection type _____
Other equipment not mentioned above _____
Remote access requested? Yes No What equipment do you need from Eastern Oregon University?

Applicant acceptance of telework policy

I have read the telework policy and understand the requirements and obligations that I am expected to accept and meet as a teleworker.

Signature _____ Date _____

Information services review

Are the system resources at the telework-site (computer equipment, software) consistent with Eastern Oregon University standards? Yes No

Do system resources meet requirements for remote access? Yes No

Are the system resources adequate for efficient work? Yes No

Does Eastern Oregon University have resources to provide equipment requested by the employee? Yes No

Comments _____

Signature _____ Date _____

Supervisor review

Application approved Application denied

Reason for denial _____

Signature _____ Date _____

Vice President review

Application approved Application denied

Reason for denial _____

Signature _____ Date _____