

Idaho State University
Telecommuting Application and Safety Checklist

Management and the employee should review ISUPP 3120, Telecommuting Policy thoroughly while completing and reviewing this Telecommuting Application and Safety Checklist when considering an employee request for Regular Telecommuting. Telecommuting arrangements as a workplace accommodation for a serious health condition should not be considered without consultation with Disability Services.

This application and checklist is not required for Occasional Telecommuting or other alternative/emergency telework assignments by the department.

Name: _____ Alternate Location: _____

Classification/Title _____ Home/Cell Phone: _____

Office Phone: _____ Supervisor: _____

1. Briefly describe your current job responsibilities.

2. Please read each of the following job characteristics and then rate each according to your current job requirements by indicating in the appropriate column whether there is a **High** requirement, **Low** requirement, or **No** requirement for this aspect in your personnel skill-set or your job.

Job Requirements	High	Low	None
1. Ability to control and schedule work			
2. Clear and understandable work assignment objectives			
3. Ability to work autonomously			
4. Amount of PC or computer work			
5. Ability to use telephone/video equipment to complete job duties			
6. Amount of face-to-face contact for specific job duties			
7. Amount of in-office reference material needed			
8. Amount of generally sensitive material/data			
9. Amount of work with protected data (FERPA, etc.)			

High ratings for items 1-5 and low ratings for items 6-9 tend to indicate that the job and/or the person is compatible with the telecommuting program. However, the supervisor/management team will use these responses as only part of the decision to approve this application.

3. Describe how your job will be adapted to telecommuting:

4. Is this Telecommuting Proposal prompted in whole, or in part, due to a serious health condition?

No

Yes - If yes, please consult with Disability Services regarding how telecommuting will assist in performing the essential functions of your position. The Disability Services Director signature is required before submitting this form to hr@isu.edu.

5. Considering the nature of your work, would you want to telecommute from home or another office close to your home?

- Home No Yes
 Another Office No Yes. If yes, where? _____

6. How often do you believe you would telecommute? (Select one only.)

- Once every week
 Two days a week
 Three to five days a week
 Everyday
 Occasionally for special projects

7. What kinds of work would you expect to do while telecommuting? (Select all that apply. Provide an approximate percentage of time for each.)

Select	Type of Work	Percentage of Time
	Writing	
	Word Processing	
	Data Management	
	Computer Programming	
	Reading/Learning	
	Talking on the phone or through video technology	
	Sending/Receiving e-mail	
	Field visits/meetings	
	Planning/organizing	
	Administrative support work	
	Evaluation/research/analysis	
	Other, please specify:	

8. Alternate Worksite Safety Checklist

Indicate the condition of the alternate worksite, to the best of your ability, by answering the following questions:	Yes	No*
Is the work space clearly defined, neat, clean, and free of hazards, including safe/sturdy office equipment, such as a desk and chair?		
Are temperature, noise, and ventilation and lighting levels adequate for maintaining your normal level of job performance?		
Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wire, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?		
Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		
Is a surge protector being utilized for electrical equipment?		

*If the answer to any of these questions is no – those items must be corrected prior to the approval of the telecommuting application and implementation of a telecommuting agreement.

9. What equipment would you need to telecommute?

- Computer
- Printer
- Specialized Software
- Scanner/Copier
- Locked Filing Cabinet
- Other, please specify: _____

10. Have you ever worked from home on a regular basis, and if so, please describe the situation and work?

11. Describe the workspace in your home or other office that you intend to dedicate to performing your work.

12. Do you have anything further you would like management to consider in reviewing this request?

By typing/signing my name below, I indicate that this application and safety checklist of the proposed alternate worksite is true and accurate to the best of my knowledge. I further understand that any intentional inaccuracies found in this checklist may be grounds for disciplinary action up to, and including termination.

Employee Signature – See Routing Instructions Below

Date

13. Supervisor's Comments and Recommendation, (consult with Disability Services Director if applicable):

Denied Recommend Approval – See Routing Instructions Below

Supervisor Signature

Date

*Disability Services Director (if applicable)

Date

Routing Instructions: The requesting employee should submit/email this Telecommuting Application as a saved PDF file to their supervisor. Upon approval, the supervisor should email this completed Telecommuting Application to hr@isu.edu. Upon receipt, the HR Office will email a formal Telecommuting Work Agreement for completion by the employee, supervisor, 2nd level manager (if applicable), and the Vice President or their delegate (if applicable).