



Telecommuting Application

Instructions

If you are interested in telecommuting as an alternative work arrangement, you may complete this form to stimulate discussion with your supervisor. After you complete the form, submit it to your supervisor with the request that he or she review it and meet with you to discuss your interest in telecommuting.

Employee Information

Name: _____ Office Phone: _____

Department: _____

Proposed telecommuting location: Home Satellite Office Other: _____

Telecommuting Address: _____ City: _____

Telecommuting Phone: _____ Fax: _____ Pager: _____

In addition to your supervisor and other departmental/college management, the following people would be authorized to have your telecommuting phone number (co-workers, etc.): _____

Telecommuting Information:

Proposed start date: _____

Round trip miles saved per week: _____

Hours of travel time saved per week: _____

How will telecommuting help you to better fulfill your position's duties and obligations?

Telecommuting Schedule:

What days of the week do you propose to telecommute?

- Monday Tuesday Wednesday Thursday Friday
 Variable/seasonal (specify): _____

Daily Schedule:

Total hours per day: _____

Start: _____AM/PM. End: _____AM/PM

Meal break: _____AM/PM. to _____AM/PM

Core hours (hours during which you can be reached): _____AM/PM to _____AM/PM

Tasks or assignments to be completed on telecommuting days (that is, planning, reading, budgeting, data entry, word processing, contacting customers, analysis, preparing contracts or documents, working on projects, etc.):

Dependent Care:

Do you have dependents requiring care during telecommuting hours? ___Yes ___No

If yes, do you have an available care provider to relieve you of primary-care responsibilities during telecommuting hours? ___Yes ___No

Contact Information:

How can you be contacted when you telecommuting?

- Telephone _____
- Voice Mail/Answering Machine _____
- E-Mail Address _____
- Other: _____

Equipment/Services to be Used at the Telecommuting Work Site:

What equipment and software do you propose to provide? (Check all that apply.)

- Telephone Voice Mail Second Phone Line Office Furniture
- Fax Machine Pager Internet Service
- Computer (Type and Model): _____
- Printer (Type and Model): _____
- Modem (Type and Model): _____
- Operating System: _____
- Software: _____
- Surge Protection (Type and Model): _____
- Other Equipment: _____

Remote access requested? Yes No

What equipment and software do you propose the University of Arizona provide?

- Telephone Voice Mail Second Phone Line Office Furniture
- Fax Machine Pager Internet Service Provider
- Computer (Type and Model): _____
- Printer (Type and Model): _____
- Modem (Type and Model): _____
- Operating System: _____
- Software: _____
- Surge Protection (Type and Model): _____
- Other Equipment: _____

Remote access requested? Yes No

I have read the University of Arizona Telecommuting Guidelines and understand the requirements and obligations I am expected to accept and meet as a telecommuter.

Employee Signature: _____ Date: _____

Information Systems Review

System resources (such as computer equipment and software) are consistent and compatible with our department/college standards. Yes No

System meets our requirements for remote access: Yes No

Comments:

Signature: _____ Date: _____

Supervisor Review

Telecommuting application approved: _____ Date: _____

Telecommuting application denied: _____ Date: _____