



City of Austin
Telework Request Form

Employee Name: _____ SSN _____ / _____ / _____
(Please Print or Type)
Job Title: _____ Supervisor: _____
Manager: _____ Division/Program/Unit: _____

Briefly describe how the proposed Telework schedule might benefit the customer, improve job performance, affect air quality and/or impact productivity:

The following criteria should be evaluated before considering a Telework and GoToMyPC request:

YES/NO	CRITERIA
	1. Employee is scheduled to work away from the office without commuting into the office at all on a particular day at least one work day a month.
	2. Employee, alternative work site has broadband Internet connection
	3. Maintains a performance evaluation rating of meeting or exceeding expectations with no significant disciplinary issues.
	4. Job is one that can be performed at an alternative work site without diminishing the quality of the work or disrupting the productivity of the office. Examples include, but are not limited to: accounting, auditing, bookkeeping, designing, editing, evaluations, graphics, planning, preparing budgets, preparing contracts, reading, research, technical writing.
	5. If the employee's main working station is a lap top, s/he is willing to leave the laptop on at work so it can be accessed remotely.
	6. Employee and Supervisor have created a remote work plan and ensured that there are no safety concerns at the Alternate Work Site.
	7. Employee and Supervisor have completed all forms, with Director's signature, and registered for or attended any required telework training.

If you answered "no" to criteria 1, 4, or 6 then this request may not appropriate for GoToMyPC. Contact your departmental IT representative to discuss alternatives for remote access.

Telework Request, choose one:

_____ I request to telework and do not need access to my work computer from home or other alternative work site (COA and Department Network Access). I understand I can access my Outlook email account via the Internet and voicemail remotely.

_____ I request to telework and access my work computer from home or other alternative work site (COA and Department Network Access) through GoToMyPC.

_____ Funding source for Go To My PC: Division/Unit level Fund ____ Agency ____ Org ____

Proposed Telework Schedule:

Effective Date: _____

Week 1: Hours of Work: Arrival _____ am Departure _____ pm

Telework Day(s): ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Week 2: Hours of Work: Arrival _____ am Departure _____ pm

Telework Day(s): ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Telework Acknowledgement:

I have read and understand the City of Austin Telework Personnel Procedure, and agree to the duties, obligations, responsibilities and conditions for teleworkers described in that document.

I understand that telework days must be scheduled in advanced and approved by my supervisor. I agree, among other things, that I am responsible for performing my job duties within supervisor-approved telework work hours and furnishing and maintaining my work space in a safe manner.

I understand that, at certain times, it may be necessary for my telework schedule to be revised to ensure critical deadlines are met or to attend meetings. Any change in the telework schedule must be pre-approved and documented.

I understand that telework is a voluntary work option. I understand that I may notify my supervisor at any time that I no longer want to telework. I also understand that my supervisor may at any time change any or all of the conditions under which I am permitted to telework, or withdraw permission to telework.

Employee Signature Date

Supervisor/Manager Signature Date

Approved ____ Disapproved ____

Assistant Director Signature Date

Approved ____ Disapproved ____

Submission: Original to supervisor. Copies to employee and departmental HRD. If remote access is required and additional request form that can be accessed through the telework website on CitySpace will be required by CTM.