



TELECOMMUTING REQUEST FORM

Name: _____

Title: _____

Department Head: _____

Date: _____

Instructions: The following information is required to make a request and a decision for a potential telecommuting work arrangement. An employee should complete pages 1-2 prior to meeting with the supervisor. If a telecommuting arrangement is approved, the supervisor and the employee should jointly complete and sign on page 3.

Details

1. What is the requested work schedule?

DAY (Week 1)	HOURS (e.g. 7:00 am – 4:00 pm)	LOCATION	DAY (Week 2)	HOURS (e.g. 7:00 am – 4:00 pm)	LOCATION
Sunday*		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Sunday*		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Monday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Monday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Tuesday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Tuesday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Wednesday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Wednesday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Thursday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Thursday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Friday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Friday		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Saturday*		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Saturday*		<input type="checkbox"/> On-site <input type="checkbox"/> Off-site
Total Hours					

*Saturday and Sunday shifts are only available in limited positions and departments that correspond to City need.

Job Consideration	Response
What elements of your job can be performed off-site? Which cannot?	
How can your productivity and quality of work be measured when you are telecommuting? Please be specific in your response.	
What recurring meetings could be impacted by this request?	
What ongoing or recurring task deadlines and projects could be impacted by this request?	

Job Consideration	Response
Telecommuting employees may be required to come into the office for meetings or contingent business needs; this could include changing the telecommuting arrangement on a short term basis. If you are needed in the office on a telecommuting day or needed schedule change, how much notice time would you need and why?	
What workload or coverage issues would be created for other team members as a result of this telecommuting arrangement?	
Where will your telecommuting work be conducted? Describe the location and how it will be conducive to telecommuting.	
What additional tools, equipment and technology will be needed for your work to be completed?	
What are the privacy requirements of your position, and how will you meet them?	
What personal obligations could affect the work you are doing while telecommuting?	
Other considerations for this arrangement: Do you have high speed internet of 30 mbps or higher? Do you have password protected internet? Other?	

Telecommuting Approval
TO BE COMPLETED BY SUPERVISOR and EMPLOYEE

	Supv'r and Employee Initials
Duration of telecommuting arrangement: ↑ Temporary Start date: _____ End date: _____ ↑ Ongoing* Start date: _____ *Following successful completion of trial period. ↑ For ongoing arrangements, how often will the arrangement be evaluated? What is the next review date?	
Depending on the work schedule, the employee may be required to document their work time, keep a work log, or assist manager in assessing productivity in other ways.	
If approved, what equipment and software or information systems will be required?	

Acknowledgment:

I understand this request will be considered and approved at the sole discretion of City management. If approved, Syracuse City reserves the right to suspend, cancel or amend this arrangement at any time. Further, I understand that approval of my request does not constitute any form of employment contract or other binding agreement between me and Syracuse City.

I acknowledge that I have read Syracuse City's policy and procedures and I agree to adhere to the provisions therein. I understand that failure to adhere to the provisions may result in revocation of the telecommuting arrangement, or corrective action up to and including termination of employment.

Employee _____ Date _____

Department Head _____ Date _____

Note: If the telecommuting arrangement is terminated, the employee and the supervisor will discuss a timeline for when the change will occur.