



TELEWORK APPLICATION AND AGREEMENT TO TERMS AND CONDITIONS

Fiscal Year: _____ Start Date: _____ End Date: _____

Employees interested in a telework work arrangement must read the Montgomery College **Telework Terms and Conditions** before completing and presenting this application to their immediate supervisor for review and approval. The immediate supervisor will review, sign, and send to next-level supervisor for final approval and signature. Once approved and signed, a copy of this application and agreement must be submitted via the **Approved Flexible Work Arrangement (FWA) Submission Form**. HRSTM does not approve the application. The telework arrangement is subject to review and renewal periodically per the **Flexible Work Arrangements Policy and Procedures (32500CP)**.

Employee's Name: _____ Job Title: _____

Department/Division: _____ Supervisor: _____

Campus/Work Location: _____ M#: _____

Telework Type

Regular Telework Schedule: Telework that occurs on a periodic and regularly-scheduled basis for **one** **two day(s) per week**. Select the day(s) you would like to telework:

| | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pay period | Monday | Tuesday | Wednesday | Thursday | Friday |
| Week 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pay period | Monday | Tuesday | Wednesday | Thursday | Friday |
| Week 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Situational Telework Schedule: Telework that is approved on a case-by-case basis, or that is not a part of a regular schedule. Instances in which Situational Telework may be approved include, but are not limited to: operational need, inclement weather, maximize productivity when the employee's availability is impacted by personal appointments, or special work assignments.

Comments:

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Proposed Alternate Work Location

Street address: _____

City: _____ State: _____ Zip code: _____

Work Location Safety Checklist

The following information is designed to assure the overall safety of the offsite Alternate Work Location.

Designated workspace (*i.e.*, home office, den, kitchen, etc.): _____

| Yes | No | Question |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the work space free of potential hazards that could cause physical harm (such as frayed wires, bare conductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams, and or uneven floor surfaces)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical outlets grounded (3 pronged)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the furniture being used (<i>i.e.</i> , desk, file cabinets, shelves, bookcases) sturdy and adequate for use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the rungs and legs of the chair sturdy and free of loose casters (wheels)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the phone lines, electrical cords, and extension wires secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a fire extinguisher easily accessible from the office space? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a working smoke detector (confirmed with a test) within sensory (<i>i.e.</i> , hearing, seeing, feeling) distance of the workspace? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the area free from distractions (<i>e.g.</i> , noise, children, etc.)? |

Employee Certification

I verify that I have read the above information and affirm that my offsite workspace at my Alternate Work Location is a safe place to work by answering yes to all questions.

By submitting this Telework Application and Terms and Conditions Agreement, I acknowledge that I have read, understand, and agree to adhere to the terms and conditions set forth in the College's

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Telework Terms and Conditions, and affirm that I will comply with the College’s **Flexible Work Arrangements Policy and Procedures (32500CP)**.

To complete and sign the *Telework Application and Agreement to Terms and Conditions* form, you must download and save the PDF file to your computer. Once downloaded, open the PDF using Adobe Acrobat to complete the form fields and add your digital signature.

Employee Signature

Date

Supervisor Approvals

Immediate Supervisor

I have discussed teleworking with the above-named employee. Based on the employee’s assessment, job responsibilities, and performance in his or her current position, I have determined that this employee is:

_____ is approved for regular telework _____ one _____ two day(s) per week, and/or

_____ is approved for Situational Telework, as requested and needed.

_____ is not approved for telework. If application is not approved by the immediate supervisor, please provide an explanation below:

Immediate Supervisor Signature

Date

Next-Level Supervisor

I have reviewed the teleworking application and agreement for this employee, and I:

_____ support and provide my approval.

_____ do not support and do not provide my approval. If application is not approved by the next-level supervisor, please provide an explanation below:

Next-Level Supervisor Signature

Date

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Once fully approved and signed, a copy of this Telework Application and Agreement must be uploaded via the **Approved FWA Submission Form**. Please note that HRSTM only maintains copies of all flexible work arrangements for employee records and does not approve the application or agreement.