

DHSMV Member Telecommuting Program
TELECOMMUTING
APPLICATION

Member Name: _____

Broadband Occupational Title: _____

Position Number: _____ State Employee ID # _____

Office Location: _____

Office Phone: _____

Home Location: _____

Home Phone Number: _____

Mobile Phone Number: _____

Supervisor Name: _____

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1. Briefly describe your current job duties: *(Use additional sheets if necessary)*.

2. Rate each of the following job characteristics according to your current job requirements. If there is a high requirement for this aspect of your job, then mark **X** in **HIGH** column. If it has little importance, mark an **X** in the **LOW** column.

JOB REQUIREMENTS	HIGH	LOW
1. Ability to control and schedule work.		
2. Clear and understandable work assignment objectives.		
3. Work autonomy.		
4. Concentration required.		
5. PC or computer terminal work.		
6. Amount of face-to-face contact required.		
7. Amount of telephone communication required.		
8. Amount of in-office reference material required.		
9. Amount of data security required.		

Note: High rating for items 1 through 5 and low ratings for items 6 through 9 indicate likelihood that the job is compatible with a telecommuting arrangement.

3. Describe how your current job duties will be adapted to telecommuting.
4. Describe how telecommuting will assist you in meeting the goals and needs of your work unit and the Department and benefit the State.

5. How often would you want to telecommute? *(Please Check)*

<input type="checkbox"/> About once every two weeks	<input type="checkbox"/> Three or four days a week
<input type="checkbox"/> About once every week	<input type="checkbox"/> Two days a week
<input type="checkbox"/> Other	

6 What kinds of work would you expect to do while telecommuting? *(Check as many as apply and provide an approximate percentage of time for each)*

Check		Percent of Time
<input type="checkbox"/>	Writing	
<input type="checkbox"/>	Word processing	
<input type="checkbox"/>	Data management/computer programming	
<input type="checkbox"/>	Reading	
<input type="checkbox"/>	Talking on the phone	
<input type="checkbox"/>	Sending/receiving electronic mail	
<input type="checkbox"/>	Field visits/meetings	
<input type="checkbox"/>	Planning/organizing	
<input type="checkbox"/>	Administrative support work	
<input type="checkbox"/>	Batch work	
<input type="checkbox"/>	Evaluation/research/analysis	
<input type="checkbox"/>	Other: <i>Please specify</i>	

7. If applicable, describe the workspace in your home that you intend to dedicate to performing your work.

8. What equipment would you need to enable you to telecommute? *(Check all that apply)*

Check		Need	Currently Have
	Personal Computer/Laptop		
	Printer		
	Software		
	Modem		
	Additional phone line		
	Office Furniture		
	Fax Machine		
	Copy Machine		
	SunCom phone line		
	Other: <i>(Please Specify)</i>		

9. What distractions or obligations might make it difficult to work at home? How are you planning to resolve these obstacles?

Member's Signature

Date

Supervisor's Section

Supervisor's Comments:

	Yes	No
Are the job duties to be performed conducive for telecommuting?		
Is the member's job performance conducive for telecommuting? (Consider the member's work habits and past job performance)		
Can arrangements for the equipment be made without presenting a financial hardship on the agency?		
Is the member's home office space appropriate for performing work?		
Can a cost saving be realized from this telecommuting arrangement? (e.g. office space reduced) <i>Please specify</i>		
Has the member had any disciplinary infractions within the last three (3) years?		
Does the member have an annual bonus assessment of 4.0 or better from the supervisor?		

Approved

Denied

Approval is based on the following conditions: (cost, equipment, core hours, schedule, etc.)

Supervisor's Signature

Date

Notice: A Telecommuting Agreement must be signed and approved before the telecommuting arrangement becomes official. The signed Agreement should be filed in the member's personnel file.