

**TELE-WORKING APPLICATION
PANDEMIC FLU ONLY**

Please complete this work sheet and submit the completed form to your supervisor (Refer to Tele-worker Guidelines)

(PLEASE PRINT CLEARLY)

Department _____ Division _____

Employee's Name _____

Work Address _____

Home Address _____

Employee's Classification _____

Represented _____ Non-Represented _____ Bargaining Unit _____

Supervisor's Name _____

Supervisor's Classification _____

Description of Tele-worker Project (how many days a week; tasks):

Equipment needed for tele-worker:

Computer _____ Provided by _____

Telephone Line _____ Calling Card _____ Other _____

Tele-worker Guidelines Completed _____ Date Trained _____

Please explain how department will fund this project, e.g., reduce space and equipment required in office.

TELE-WORKING PANDEMIC FLU AUTHORIZATION

These conditions for tele-working are agreed upon by the tele-worker, the supervisor and approved by the Division/Department Head and County Administrator. Refer to the Tele-worker Guidelines.

1. Describe the typical assignments for the tele-worker to work on at the remote work locations:

2. The tele-worker's home office work hours will be:

3. The County will reimburse the tele-worker for business telephone calls made from the home as follows:

4. The County will reimburse the tele-worker for data calls made from the home with a personal computer as follows:

5. The decision whether to install a telephone line to the home for a personal computer will be made between the supervisor and the tele-worker. If such a line is installed, the expenses will be handled as follows:

6. Tele-worker agrees to call the office to obtain messages at least _____ times a day while working at home.

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7. The tele-worker will use the following equipment in the remote work location:
Please specify whether equipment is County or tele-worker owned.
8. The tele-worker agrees to work at the following location:
Because the employee is responsible for maintaining this space to the same safety and other standards as are applicable at the regular County office please review the minimum requirements listed below and check each one signifying your work area/station complies:
- designated work area/office
 - work station such as a desk
 - adjustable chair adjusted to fit employee
 - uncluttered work area
 - area free of cords and other trip hazards
9. Additional conditions agreed upon by the tele-worker and the supervisor are as follows (attach documents as necessary):

I have read and understand the County's tele-worker guidelines and agree to the conditions detailed above.

Employee's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Approved by Division/Department Head:

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved by Risk Manager/DES Director

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved by County Administrator:

Signature: _____ Date: _____

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Tele-worker Authorization page 2

6. Tele-worker agrees to call the office to obtain messages at least _____ times a day while working at home.

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Please specify whether equipment is County or tele-worker owned.

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Approved by County Administrator:

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