TELECOMMUTING PROPOSAL

Name:_____
Agency: _____ Department/Bureau:_____
Official Duty Station: _____
Job Title:_____ Position Number:_____
Name and title of Supervisor: _____
Name and title of Manager: _____
Are you currently in an initial or promotional working test period? Yes _ _ No _ _

Proposed Telecommuting Location
Address _____ Telephone Number _____
_____
_____

Attach a copy of your homeowners or renters insurance certificate to this proposal.

Will another telecommuter work from that location?
Yes _ _ No _ _

If yes, list their name(s)/employer(s):
_____
_____
_____
_____
_____

Will other family members be at the telecommuting location while you are telecommuting?
Yes _ _ No _ _

If yes, list name(s) and age(s) below.
_____
_____
_____
_____

Attach documentation of child-care/elder-care arrangements.

Describe your proposed telecommuting schedule.
(Employee should review the General Letter for specific rules regarding telecommuting schedules.)

- Duration: from_____ (mm/dd/yy) to_____ (mm/dd/yy).
- My scheduled work hours are from _____ to _____

- I would like to telecommute _____ day(s) per pay period, _____ pay period(s) per month on the following days:

  Fri._ _ Sat._____ Sun._____ Mon._____ Tues._ _ Wed._____ Thurs._ _

  Fri._ _ Sat._____ Sun._ _ Mon._____ Tues._ _ Wed._ _ Thurs._____

  If you have an existing alternate work schedule or reduced schedule that you wish to continue in conjunction with telecommuting, indicate the hour(s) and day(s) off each pay period.

Describe which of your job duties you anticipate performing at the telecommuting location. Include in your description what materials, records or other work product you need to perform each duty and whether any of those materials are confidential or protected.

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Describe how you will communicate with your supervisor, co-workers, and clients while you are telecommuting.

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Describe how telecommuting will increase your efficiency and productivity. *If requesting an extension, include in your description how your previous telecommuting arrangement affected your productivity and efficiency increased.*

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Describe how your telecommuting will affect the efficiency and productivity of your co-workers. *If requesting an extension, include in your description how the previous telecommuting arrangement affected the efficiency and productivity of your co-workers.*

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Describe your daily commute:

Length of commute (one-way): ____ miles; ____ minutes
Number of _____ commuting trips per week.

Describe how your telecommuting will reduce traffic congestion. *If requesting an extension, include in your description how your previous telecommuting arrangement reduced traffic congestion.*

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Describe how your telecommuting will benefit the environment. *If requesting an extension, include in your description how your previous telecommuting arrangement benefited the environment.*

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- **I have reviewed this General Letter and the policies referred to in this General Letter and I understand my rights and obligations under General Letter 32 and the related policies.**

- **I understand that a Telecommuting Arrangement must be approved and signed before I begin telecommuting.**

_____ _____

Employee's Signature *Date*