



APPLICATION FOR SITUATIONAL TELEWORK

9A DCN99 INFORMATION MUST PRINT & SIGN

Use this application to request situational (ad hoc) telework.

Employee Name: _____

Employee Grade: _____ Position: _____

Current Work Location: _____

Remote Work Location: _____

Primary Contact #: _____ Dept./Division/Section: _____

Email Address: _____

ACKNOWLEDGEMENTS (Will Not Be Approved Unless All Boxes Are Checked)

I have completed the [Telework Training](#).

I agree that all needed documents are on OneDrive and SharePoint (i.e., Office365).

I agree I have Outlook access at Remote Work Location.

I agree to use Telework Reason Code.

I agree to verify Remote Work Location technology requirements.

Need Information on Teleworking?

	Mark (X) for Remote Days
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

⇒ Employee's Signature: _____ Date: _____

⇒ Supervisor's Signature: _____ Date: _____

Approved by Department Director

⇒ Department Director's Signature: _____ Date: _____

⇒ Department Telework Point of Contact's Signature: _____ Date: _____

This agreement is in effect when signed and will continue as agreed to by the Supervisor.

⇒ County Telework Manager's Signature: _____ Date: _____