

STATE OF UTAH
DEPARTMENT OF WORKFORCE SERVICES
HUMAN RESOURCES



Telecommuting Request

Section I – Feasibility Request (to be completed by Employee)

Employee Name:

Employee ID Number:

1. Define your current job responsibilities and specify those assignments you can complete utilizing the telecommuting agreement (include a copy of your performance plan):

[Empty text box for job responsibilities]

2. List the equipment/software (including version) you need at the secondary work site to complete your job duties while telecommuting (personal computer, modem, telephone line, word processing, electronic mail, spreadsheets, mainframe applications, etc.):

[Empty text box for equipment/software needs]

3. I will use: Department Equipment Personal Equipment Combination

Please explain:

[Empty text box for explanation]

4. List other costs, such as long distance phone calls, the State may incur while you telecommute:

[Empty text box for other costs]

5. My proposed telecommuting schedule will be as follows:

Telecommute Hours			Office Hours		
hh:mm am/pm			hh:mm am/pm		
Saturday	to		Saturday	to	
Sunday	to		Sunday	to	
Monday	to		Monday	to	
Tuesday	to		Tuesday	to	
Wednesday	to		Wednesday	to	
Thursday	to		Thursday	to	
Friday	to		Friday	to	

6. Does your telecommuting work environment comply with the specified work standards as identified in the telecommuting policy? Yes No If no, list reasons why:

[Empty text box for reasons why]

7. Describe and designate your telecommuting work site (include address, size, furniture, characteristics, separation from living area, etc.):

[Empty text box for work site description]

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Telecommuting Request - Continued

Section II – Feasibility Request (to be completed by Supervisor)

1. What are the job assignments to be addressed by the telecommuting arrangement?

2. Is the telecommuting arrangement intended to be ongoing or for a specific time period?

3. What direct and/or indirect benefits will the state derive from entering into this telecommuting arrangement?

4. How will the above benefits be measured and reported?

5. Supervisor Comments:

Section III – Request Status (to be completed by Regional/Division Director)

Request has been:

Approved – Routine Telecommuter

Reimbursement Rate: \$

Denied – Please explain:

Signatures:

Employee _____ Date _____

Supervisor _____ Date _____

Regional/Division Director _____ Date _____

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Telecommuting Agreement: Hardware/Software Inventory List
(Attachment A)

Employee's Name:

Date:

Employee's Department/Division:

Employee will use: Agency Equipment Personal Equipment Combination

AGENCY PROVIDED HARDWARE				AGENCY PROVIDED SOFTWARE			
Hardware	Type/Brand	Model #	Serial #	Type	Serial #	Program	Version
PC Monitor Modem Surge Protector Printer Other Other							
Employee Signature:						Date:	
LAN Tech Signature:						Date:	

EMPLOYEE PROVIDED HARDWARE		EMPLOYEE PROVIDED SOFTWARE	
Employee Signature:		Date:	
LAN Tech Signature:		Date:	

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Telecommuting Agreement: Waiver and Release Form

I, the undersigned, being at least eighteen years of age and in consideration for the opportunity of voluntarily performing my work duties at a location other than my assigned work location, or in consideration for the opportunity to participate in the Department of Workforce Services Telecommuting program, do hereby agree to this waiver and release.

I agree that I will not provide primary care for children, elders, or other dependents who would otherwise require a provider's care during agreed upon telecommuting hours.

I certify that I have read or reviewed the department's rules governing telecommuting and acceptable use policy. I agree to abide by all of the rules and other material governing this activity. I certify that I have completed all of the necessary instruction on telecommuting provided by the Department of Workforce Services. I also understand that the department may end this agreement at any time.

(OPTIONAL CLAUSE FOR USE OF PERSONAL EQUIPMENT)

I certify that I voluntarily agree to utilize my personal computer and/or any other personal equipment for work related activities at my home or at other locations away from my normal office. I agree that I will release, acquit and forever discharge the State of Utah, its agencies, departments, officers, employees, volunteers or agents from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, injury, harm or claim to me or to my property that occurs in the course and scope of my use of my personal property or equipment for state business. I also certify that I understand that I will not be compensated in any way for the use of my personal computer or other personal property. I agree to notify my employer immediately upon the malfunction or failure of any equipment or software and take other appropriate action.

(CLAUSE FOR COMPUTER EQUIPMENT)

I certify that I agree to have the Department of Workforce Services place a state owned computer, modem, printer or other related equipment at my telecommute, or work away from the office site. I agree to exercise due diligence and care in the use, maintenance and safeguarding of this equipment. I agree to abide by the rules and/or policies of the department with regard to the use of this equipment. I acknowledge that misuse of the department computer or other equipment may result in disciplinary action.

I acknowledge that workers compensation benefits shall be available to me for injuries or illnesses sustained or contracted during the course and scope of my employment. I also acknowledge that workers compensation shall be the exclusive remedy for any and all job related injuries or illnesses. I further acknowledge that the workers compensation exclusive remedy provision shall apply to any injury or illness sustained or contracted at my telecommute site.

I acknowledge that I retain the standard liability coverages and protections provided to me by the "Utah Governmental Immunity Act" for the work activities and products conducted or developed during the time that I work at my telecommuting site.

However, I do hereby release, acquit, and forever discharge the State of Utah, its agencies, departments, officers, employees, volunteers or agents from any and all liability, claims, demands, actions and causes of actions arising from damage to me, to my family, to my property, and to any and all others arising from activities not directly associated with my work activities.

I have carefully read and understand the contents of this document and the attachments, and I specifically intend it to cover the full period that I participate in the Department of Workforce Services Telecommuting Program.

This agreement is effective from _____ until _____.

Employee Signature

Date

Supervisor Signature

Date

Regional/Division Director Signature

Date