



Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov
Inclusion through Diversity

REQUEST FOR TELEWORK ARRANGEMENTS

(Submit to Department Head or Supervisor)

Employees interested in Telework Arrangements must complete this form and present the document to their Department Head/Supervisor for review. Completion of this form is not a guarantee that telework arrangements will be approved even if an employee is considered “eligible”.

Employee Name: _____ Phone (home/work): _____

Department: _____ Position Title: _____

Department Head: _____ Date of Request: _____

1. Please describe how you believe your position and job responsibilities are suited for telecommuting.

2. Telework Location (address): _____

3. Number of days I would like to telecommute (no more than 3 per week): Per week _____ Per month _____

4. Proposed Start Date: _____

5. Proposed Telework Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Meal Period*							
Location**							

* Must include a ½ hour unpaid meal period for any employee who works a shift of more than 6 hours per NYS Department of Labor.

**For location, please use “T” for Telework Location and “D” for Designated County Worksite.

Note: It is recommended the telecommuting employee should have regularly scheduled days/hours at the Designated County Worksite so others will know when they are available for meetings.

6. The following equipment and/or supplies will be my (employee) responsibility to acquire and will be available at the requested telework location prior to the proposed telework start date:

- Telephone service Internet service Desk Office Chair

7. Additional equipment and/or supplies I request that the County will provide for Telework location:

- PC/Laptop General Office Supplies Other (Please list below)
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Employee:

I have discussed teleworking with my supervisor and understand that this request does not constitute a formal agreement or guarantee that I will be approved to telework. I have read the *Tompkins County Administrative Policy: Telework Arrangements (03-21)*, I understand my responsibilities, and further understand that teleworking is not an entitlement and that it may not be appropriate for every employee, department, and/or position to telework.

Employee Signature: _____ Date: _____

Department Head/Supervisor:

I have discussed the option of teleworking with the above-named employee. I have assessed the employee's suitability for telework. Based on my assessment, the position/job responsibilities, and performance in their current position, I have determined that the employee:

- is eligible
 is not eligible

for telework arrangements and I have informed the employee of the next steps and outcome of this process.

Department Head
Signature: _____ Date: _____

For Human Resources Use Only

Date Received: _____ Received by: _____