

CITY OF FOSTER CITY LIMITED TELEWORK APPLICATION

In accordance with the new Limited Telework Policy, teleworking is available to employees. It is not a universal employee benefit; employees do not have a "right" to telework. The Department reserves the right to accept or reject the employee's telework request or terminate a teleworking agreement at any time. Employees wanting to telework should complete Section One. The Department Head completes Section Two and forwards to Human Resources.

SECTION ONE: EMPLOYEE INFORMATION	
Employee Name	
E-mail Address	
Position	
Phone Number	

Proposed limited term telework schedule:

Primary Telework Site (address of telework work site)		
Number of Telework Days		<input type="checkbox"/> per week <input type="checkbox"/> per month
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday _____ days of the month	
Telework Days of Week/Month	Saturday	From: _____ To: _____
	Sunday	From: _____ To: _____
	Monday	From: _____ To: _____
	Tuesday	From: _____ To: _____
	Wednesday	From: _____ To: _____
	Thursday	From: _____ To: _____
	Friday	From: _____ To: _____

Reason for request/application:

I, _____, understand that Teleworking is a limited duration arrangement. I have reviewed the Limited Telework Policy and agree to its conditions.

Signed: _____ Date: _____

Above request is an original request Above request revises a previous request

Employee Telework Worksite Checklist

Please initial in the box to the right of each statement.

Have a clearly defined workspace that is kept clean and orderly	
Work area adequately illuminated with lighting directed toward side or behind the line of vision, not in front or above it.	
Exits free of obstructions	
Supplies and equipment (both City and employee owned) in good condition	
Area well ventilated and heated or cooled as appropriate	
Storage is organized to minimize risk of fire or loss	
All extension cords have grounding conductors	
Exposed or frayed wiring and cords are repaired or replaced immediately upon detection	
Electrical enclosures (switches, outlets, receptacles, junction boxes) have tight-fitting covers or plates	
Surge protectors are used for computers, fax machines, and printers	
Heavy items are securely placed on sturdy stands close to walls	
Computer components are kept out of direct sunlight and away from heaters.	
Emergency phone numbers (hospital, fire, police) are posted at alternate worksite	
Appropriate first aid supplies are available as needed	
Portable fire extinguishers are accessible and serviced as needed	
Desk, chair, computer and other equipment are of appropriate design and arranged to eliminate strain on all parts of the body, in conformance with ergonomic standards	

SECTION TWO: CERTIFICATION AND APPROVAL

Does your assessment of the Individual and the proposed Limited Term Teleworking indicate the arrangement will be practical and beneficial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the department determined the above position to be suitable for telework?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Telework Worksite Checklist completed and acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is employee being provided any city owned equipment to work from home. If yes, please list equipment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Department Head: _____ **Date:** _____

Approved Denied Reason: _____

City Equipment Issued for purposes of Telework: _____

Human Resources: _____ **Date:** _____

Upon Approval – Provide a copy of form to the employee, retain a copy within the department, and forward completed form to Human Resources. If Telework schedule changes, complete a new form and re-route in the same manner.