

## **Department Telework Justification Form**

The following form should be completed by a supervisor or manager. If a telework schedule is recommended, this form should accompany the Telework Agreement Supervisor or Manager Job Title Date **Employee** Emp. ID Job Title Dept/Div **Basic Job Description** Does employee meet the following criteria: Have Performance Evaluations with overall ratings of at least "Meets Job Standards." Demonstrate a high performance level with minimal supervision. Maintain a consistent and dependable level of productivity, with strong time-management skills. Be self-motivated, organized, and conscientious about work schedules. Exhibit strong oral and written communication skills. Have job duties/functions that lend themselves to telework. Have a thorough knowledge and full understanding of the work tasks. Be computer literate, and able to have a safe, focus-based work environment: Employee-provided remote setup with their own equipment County-provided equipment for remote setup **Telework Considerations** List any job duties that cannot be performed remotely, and how those duties will be accomplished (e.g. temporarily or permanently assigned to other staff, upon teleworker's return to the office, etc.). Detail any systems that cannot be utilized while telecommuting, and the impact to the teleworker's duties: Detail any costs that will be incurred by the Department for the employee to successfully telework (e.g. VPN, phone expense reimbursement, equipment):

Detail any efficiencies or benefits to the County and/or employee by implementation of a telework schedule.



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Telework approved, business will effectively and efficiently continue with the implementation of a telework schedule.
Telework not approved (provide justification below)