

TELEWORKING PROGRAM PARTICIPANT APPLICATION

**I. APPLICANT INFORMATION:**

(PLEASE PRINT LEGIBLY OR TYPE)

NAME: \_\_\_\_\_ CODE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

GRADE & SERIES: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ALTERNATE WORK SITE: (CHOOSE ONLY ONE)

RESIDENCE (PROVIDE FULL ADDRESS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELECOMMUTING CENTER (INDICATE DESIRED LOCATION)  
\_\_\_\_\_  
\_\_\_\_\_

TELEWORKING DAY(S) OF THE WEEK REQUESTED: \_\_\_\_\_

(NOTE: IF PARTICIPATING AT A TELEWORKING CENTER, THE EMPLOYEE MUST CONTACT THE CENTER TO ENSURE THAT SPACE IS AVAILABLE ON DAYS REQUESTED.)

NOTE: EMPLOYEE ON A PERFORMANCE IMPROVEMENT PLAN IS NOT ELIGIBLE TO PARTICIPATE.

**II. SUPERVISOR INFORMATION**

NAME: \_\_\_\_\_ CODE: \_\_\_\_\_

GRADE & SERIES or RANK: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. TYPE OF WORK TO BE PERFORMED (NO CLASSIFIED WORK)**

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\_\_\_\_\_  
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**IV. EQUIPMENT & SOFTWARE REQUIRED**

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**V. EXPECTATIONS OF THIS TELEWORKING PROGRAM**

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**VI. ANTICIPATED PROBLEMS OR CONCERNS**

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**VII. SIGNATURES**

_____	EMPLOYEE	_____	DATE
<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED
_____	FIRST LEVEL SUPERVISOR	_____	DATE
_____	SECOND LEVEL SUPERVISOR	_____	DATE
_____	IPT LEADER (AS APPROPRIATE)	_____	DATE