

## Telecommuting Proposal

Employee Name:

Please write your telecommuting proposal using the outline below. Then discuss it with your supervisor. Be prepared to revise your plan if needed.

1. I propose the following arrangement for telecommuting:

Where do you propose to work (home, alternate site)? \_\_\_\_\_

What schedule would you like (days and hours on campus? at alternative worksite office)? \_\_\_\_\_

Which of your duties do you propose to perform at the alternative worksite? \_\_\_\_\_

If necessary, would you be willing to make adjustments to your telecommuting work schedule? \_\_\_\_\_

2. I propose the following solutions to meet the following operational needs of work? (include the effect on your own assignment and how your role affects others, both within the unit and externally.)

How will you communicate with your supervisor, co-workers, and customer's? \_\_\_\_\_

How will materials be kept readily available to those who need access? \_\_\_\_\_

How will you be able to respond to emergencies or other unexpected events in your department? \_\_\_\_\_

How will you assure the security of college technology equipment<sup>1</sup>, software and consumable office supplies? \_\_\_\_\_

How will you document the time you spend on college projects and tasks? \_\_\_\_\_

3. This arrangement will benefit our department as follows:

- Will service hours be extended? \_\_\_\_\_
- Will you be more productive? In what ways, and how will this be measured?  
\_\_\_\_\_
- Will your department be able to free up college technology equipment and space? \_\_\_\_\_
- Other? \_\_\_\_\_

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<sup>1</sup> College technology equipment is defined as a computer and/or a printer.

4. What concerns might arise from your supervisor, co-workers, and customers, and how might you address them? \_\_\_\_\_
5. I propose implementing this arrangement for a trial period of \_\_\_\_\_ months.
6. (Check one)  I will  will not provide technology equipment (computer and/or a printer).

*(Note: If this proposal is approved, then the [Telecommuting Agreement](#), [Supervisor's Checklist for Telecommuters](#), [Alternative Worksite Safety Checklist for Telecommuters](#), and [Receipt of College Equipment](#) (if applicable) forms must also be completed.)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Approved by Management Council 5-5-08; 3/11/20 (minor revision)