

GREAT FALLS SCHOOL DISTRICT - EMPLOYEE REQUEST FORM - TELEWORK

Employees may be eligible for a temporary telework accommodation. Employees can complete this form and submit it or any questions to their supervisor.

Employee Name: _____

Mailing Address: _____ E-mail: _____

Phone Number: _____ Alternate Phone Number: _____

Anticipated Begin Date of Telework: _____ Expected End Date of Telework: _____

EMPLOYEE REQUEST FOR TELEWORK ACCOMMODATION

The District recognizes teleworking as a voluntary work plan, agreed upon between the District, and the employee, in which the employee works at an alternative worksite on a regular basis on a specified schedule. Teleworking is an accommodation, not a District-wide benefit; and it in no way changes the terms and conditions of employment. Not all District jobs are suitable for teleworking.

I am requesting the accommodation to telework for the following reason(s):

Please attach applicable documentation if appropriate.

INFORMATION REGARDING EMPLOYEE REQUEST FOR TELECOMMUTING

The employment relationship for an employee teleworking stays the same as for employees not working from an alternative worksite. Compensation does not change, and employees are expected to follow all existing job requirements, District policies, guidelines and expectations that are in effect in the District. In addition, the employee shall honor the following guidelines:

- a. Be available by phone and e-mail during normal work hours. Absences (including unavailability during work hours) must be pre-approved.
- b. Promptly notify the supervisor when unable to perform work assignments due to illness, equipment failure, or other unforeseen circumstances.
- c. Alter their schedule to attend mandatory meetings or other situations needing a physical presence and/or as needed by the supervisor or executive director.
- d. Identify a primary telework or alternative work site and assure the alternative worksite is adequate and safe and has sufficient phone service; a secure internet connection with enough speed to perform work; and that confidential information will be safeguarded.
- e. Use, exclusively, the computer and software, configured with security software, provided by the District.
- f. Have adequate dependent care arrangements in place to ensure the employee's ability to telecommute.
- g. Report, at once, to their supervisor any injury that occurs at the alternative site during work hours.
- h. Refrain from having in-person meetings or instruction at the alternative worksite unless pre-approved by their supervisor.

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is accurate and complete. I understand that if I fail to report for work at my normally scheduled jobsite on or before the scheduled return date indicated above or fail to communicate changes in the schedule with my supervisor, I may be subject to discipline in accordance with District Policy. I understand supervisors will regularly check employee compliance with the teleworking agreement, relevant policies and guidelines, performance standards, expectations for work products, productivity and time accountability. I understand teleworking plans are subject to change at the discretion of the District.

Primary Alternative Work Site or Telework Location: _____

Employee Signature: _____ Date: _____

FOR SCHOOL DISTRICT USE ONLY

Request Received and Approved By: _____ Date: _____ Approved Denied
Supervisor

Telework Approved By: _____ Date: _____
Director of Human Resources

Telework Approved By: _____ Date: _____
Director of Information Technology

Period of Telework: _____

If approved, please attached approved Telework Plan to this document.