

STATE EMPLOYEE TELEWORK APPLICATION

Telework Applicant

Name _____

Title _____

Department _____

Supervisor _____

Number of days I would like to telework _____

1) Describe how you think your job responsibilities are suited for teleworking by responding to the following questions and discussing them with your supervisor (attach separate sheet if needed).

- How will telework enable you to perform your job more effectively?
- How will telework positively affect the Texas Military Department?
- How will your work performance be assessed?
- When will you have a check-in meeting to review your telework arrangement?
- Are there any special circumstances or considerations that should be noted before beginning a telework arrangement and reviewed at the first check-in?

2) Describe your proposed teleworking arrangement. Include: which days you will telework; which days you will be onsite; how often and in what manner you will keep your supervisor and coworkers apprised of your work progress; and any specific supports you believe would make your telework arrangement a success.

Supervisor

I have discussed the possibility of teleworking with the above-mentioned employee, and our conversations are accurately reflected in section one of this application. I believe this employee is a good candidate based on job responsibilities and performance in his/her current position.

Supervisor Printed Name

Supervisor Signature

Date**Telework Applicant**

I have discussed teleworking with my supervisor, and our conversations are accurately reflected in section one of this application. I understand that my application does not guarantee that I will be eligible or approved to telework. I have read TMD's teleworking policy and procedures, and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that if approved, teleworking can be terminated at any time by the Texas Military Department or by me. I understand that I am expected to comply with the terms of the Telework Agreement and TMD's standard operating procedures related to telework.

Applicant Printed Name

Applicant Signature

Date**State Human Resources (HR)/Telework Coordinator Recommendation****Approval** ☐**Disapproval** ☐**Comments** _____

HR/Telework Coordinator Name

HR/Telework Coordinator Signature

Date**Director of State Administration Approved** ☐**Disapproved** ☐**Comments** _____

Director of State Administration Printed Name

Director of State Administration Signature

Date