



Teleworking Request Form

Employee ID:	Name (Last, First, Middle):
Supervisor:	Department:
Personal Certification	
Please Check All That Apply To You:	
<input type="checkbox"/> I believe I demonstrate the characteristics necessary to be a successful teleworker.	
<input type="checkbox"/> I am self-motivated, self-disciplined, and able to work independently.	
<input type="checkbox"/> I have strong organizational, problem-solving, and time management skills.	
<input type="checkbox"/> I am flexible, an effective communicator and have good working relationships with co-workers.	
<input type="checkbox"/> I believe my job is appropriate for teleworking.	
<input type="checkbox"/> I have an alternate work location that will be appropriate for teleworking.	
Safety Checklist	
<input type="checkbox"/> My offsite workspace has adequate lighting, ventilation and is reasonably quiet and free from distractions. It is a comfortable workspace where it is easy to concentrate on work.	
<input type="checkbox"/> My offsite workspace is maintained in a safe condition, free from hazards and other dangers to the employee and the university's equipment.	
<input type="checkbox"/> I have the necessary software and required office equipment with sufficient and safe (grounded) electrical outlets in the offsite workspace. All electrical equipment is free of any hazards and is connected to a surge protector as necessary.	
<input type="checkbox"/> I will back up data on a university server regularly to ensure the university has such records.	
<input type="checkbox"/> I will protect confidential information and keep such information secure (lock and key) when I am not working.	
CT Security Certification	
<input type="checkbox"/> I certify that I have/will contact the CT security liaison for my organizational unit to ensure compliance with the Secure Remote Access Guidelines before I can begin teleworking.	
Employee Signature	
<input type="checkbox"/> I understand it is my responsibility to maintain my offsite workspace safety and appropriate arrangement if it is my home. I certify that my responses to the checklist are accurate and completed to the best of my knowledge. I understand any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from teleworking.	
Employee Signature:	Date:
Supervisor Signature	
By signing below, I am indicating that I approve the employee's request to telecommute and have completed the Teleworking Agreement. If the request is denied, please notate the reason and keep it in the departmental files.	
Supervisor Signature:	Date:

Please return completed and approved forms to:

Office of Human Resources
580 East Main Street
Spartanburg SC 29302
hr@converse.edu