



Request for Telecommunication and Flexible Work Schedule

Telecommuting allows employees to work at home, or at an alternative location for all or part of their regular workweek. A flexible work schedule allows an employee to work a modified work schedule which accommodates his/her special circumstances while ensuring that the needs of the College are satisfied. The opportunity to telecommute or participate in a flex work schedule must be discussed with, approved by the direct supervisor considering the below.

Considerations:

- Employee suitability. The employee and manager will assess the needs and work habits of the employee, compared to traits customarily recognized as appropriate for successful telecommuters
- Job responsibilities and availability to services, our students, community members and other employees should not change
- Equipment needs, workspace design considerations and any scheduling variations. The employee's normal number of working hours per week needs to remain the same
- Unless otherwise required by law, individuals requesting formal telecommuting work arrangements must have continuous, regular employment, be in good standing and have exhibited performance which exceeds expectations in accordance with CWI's performance appraisal process.

Name:					
Department:					
Start Date:					
End Date:					
Current Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday
Requested Schedule:					
Alternate Location:					
Equipment provided:					



This agreement may be evaluated on an ongoing basis to ensure that the employee's work quality, efficiency and productivity are not compromised by the telecommuting arrangement or by the flexible work schedule.

By signing this agreement employees must agree to take appropriate action to protect any equipment supplied and maintained by CWI from damage or theft. Repair and/or replacement costs and liability for privately owned equipment and furniture used during telecommuting are the responsibility of the employee. Upon termination of employment, all CWI equipment must be returned to the College and manager is responsible for ensuring this occurs.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

EOT Member Signature _____ Date _____

Send the original to Human Resources, MS 1000, and provide copies for the employee and supervisor. Human Resources will provide a copy to Payroll.

Payroll Use Only

Hourly ____ Salary ____ Position ID _____ Initials ____ Entered in PWSC ____ Stopped in PWSC ____ Date _____