



# Employee Application for Telework

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# PROCEDURES FOR REQUESTING TELEWORK

## Employee Application Instructions

### **Employee's Responsibility**

Eligible employees requesting to work a telework schedule must:

1. Review the PSMFC Telework Program Policy.
2. Review the information in this form.
3. Complete the application.
4. Sign and date the application and forward to their supervisor for review.

### **Supervisor's and Senior Program Manager's Responsibility**

The supervisor must evaluate and recommend approval/denial of the employee's request to work a telework schedule using the following criterion:

1. Operational requirements must be met.
2. The implementation of the proposed work schedule must not adversely affect or diminish the Commission's ability to provide services during normal business hours.
3. The implementation of a telework schedule must be cost-neutral to the Commission.
4. The employee and supervisor must establish the work hours and days predicated on the criteria documented above.

The supervisor must review the employee's forms and meet with the employee to discuss the request. The supervisor must then submit to their Senior Program Manager for approval.

The Senior Program Manager must then:

1. Either approve or deny the request. If the request is not approved, the employee must be informed of the reason for denial.
2. Send a copy of the Telework Application to Human Resources for the employee's personnel file.

If the request is approved, the employee and supervisor must sign PSMFC's Telework Agreement and provide a copy to Human Resources, prior to the commencement of telework.

# REQUEST TO PARTICIPATE IN THE TELEWORK PROGRAM

## Employee Application

Employees interested in telework must complete this form and present to their supervisor for review.

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Program/Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary worksite: \_\_\_\_\_

Number of days I would like to telework per week: \_\_\_\_\_

### Self-Assessment of Your Position

Job Criteria	Your Position Profile Please comment on the match between the criteria to the left and this position.
Work is information based.	
Minimal unpredictable face-to-face contact is required.	
The Teleworker works alone on assignments, such as data entry, report or proposal writing, research, or analysis.	
Productivity can be monitored/measured easily.	
What type of information are you required to access in order to do your job? What percentage of it is confidential or includes Personal Identifiable Information (PII)?	
Other factors to consider:	

Teleworker Criteria	Your Profile Please comment on the match between the criteria to the left and your own profile.
Adequate home internet connection speeds to support your job functions.	
Completed six months of employment with PSMFC.	
Successful “meets expectations” performance evaluation.	
Self-directed (demonstrated ability to manage own time and work).	
Demonstrated ability to solve own problems; low need for assistance from supervisor or others.	
Low need for daily interaction with coworkers.	
The proposed Telework Work Location is free from distractions (children or others in need of care, etc.).	
The proposed Telework Work Location is free from hazards and able to be set up ergonomically to perform the essential duties of the job (desk, keyboard height, tripping hazards, etc.).	

**Please provide additional details as to why your job tasks are suitable for telework:**



**Proposed Telework Schedule:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours*					
Meal Period					
Location**					

\* Work hours must include a ½ hour unpaid meal period.

\*\*For location, please use “R” for Remote Work Location and “P” for Primary Worksite.

The teleworker should have regularly scheduled days at the Primary Worksite so others will know when they are available for meetings.

**Remote Work Location:**

Address:

Phone:

**Employee:**

I have discussed teleworking with my supervisor and understand that this request does not constitute a formal agreement or guarantee that I will be approved to telework. I have read the PSMFC Telework Program Policy. I understand that teleworking is not an entitlement and that it may not be appropriate for every employee to telework.

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**Employee’s Signature**

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**Date****Supervisor:**

I have discussed the possibility of teleworking with the above-named employee. Together we have reviewed the employee’s application. Based on the application, the job responsibilities, and performance in their current position, I believe this employee

\_\_\_\_\_ is

\_\_\_\_\_ is not

a candidate for teleworking and has been informed of this decision.

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**Supervisor’s Signature**

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**Date**



## Telework Agreement

The following constitutes an agreement on the terms and conditions of telework between:

The Pacific States Marine Fisheries Commission (Commission) and \_\_\_\_\_  
(henceforth referred to as “employee”).

By signing this agreement, the employee acknowledges they have reviewed and understand the Commission’s Telework Program Policy.

### Term

The Agreement is in effect from \_\_\_\_\_ to \_\_\_\_\_

The employee agrees to implement telework in accordance with the schedule and locations outlined in the telework application.

If agreed to by the Commission and the employee, it may be extended beyond this period. If extended, this agreement should be reviewed and modified as necessary.

### Policies

The employee agrees to abide by all Commission policies and procedures, including those outlined in the PSMFC Telework Program Policy.

### Specific Job Tasks

If telework is limited to specific tasks, projects, or types of work, describe them here:

### Equipment Inventory

Equipment	Provided By:		Inventory Number
	Employee	Organization	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## Termination

The agreement is not a guarantee of employment and can be terminated by either the Commission or the employee at any time. A telework arrangement may never be allowed to continue uninterrupted if it is detrimental to work quality, client service, the work unit, or the organization. In such situations, the supervisor will make a good faith effort to work with the employee to resolve the situation. If the problem cannot be resolved, the supervisor is responsible for terminating the agreement.

Termination of the telework agreement should be made for sound business reasons, which the employee is entitled to know. In the event of termination of the agreement, the employee will be notified and provided the reason(s) for the termination in writing.

The Commission will not be held responsible for costs, damages, or losses to the employee resulting from termination of the agreement.

## Agreement

This Agreement may be amended at any time by the Commission. A copy of this agreement and any addendums or amendments will be provided to the employee and placed in the employee's personnel file.

### Employee:

By signing, the employee states they have read, understood, and agree to the terms and conditions of this agreement:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Supervisor:

By signing this statement, the manager agrees to work with the employee to implement telework as described in the telework policy and this agreement.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Program Manager's Signature

\_\_\_\_\_  
Date