



## San Mateo County Telework Request

Telework is an option that management may choose to make available to qualified employees. It is not a universal employee benefit; employees do not have a “right” to telework. The Department reserves the right to accept or reject the teleworker’s request or terminate a telework agreement at any time. Employees wanting to telework should submit [Section One](#). The manager/supervisor completes [Section Two-Three](#) and forwards to the Department head (or designee) for approval/denial.

### Section One Telework Proposal (to be completed by the Employee)

Employee Name \_\_\_\_\_

Email Address \_\_\_\_\_

Position \_\_\_\_\_

Proposed Telework Address \_\_\_\_\_

Has the department determined your position to be suitable for telework?  Yes  No

Have you completed Telework Training?  Yes  No If no, date planned \_\_\_\_\_

Proposed telework schedule

Primary Telework Site (Address)			
Number of Telework Days		<input type="checkbox"/> per week	<input type="checkbox"/> per month
Telework Days of Week/Month	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday _____ days of the month		
	Monday	From: _____	To: _____
	Tuesday	From: _____	To: _____
	Wednesday	From: _____	To: _____
	Thursday	From: _____	To: _____
	Friday	From: _____	To: _____
	Saturday	From: _____	To: _____
Sunday	From: _____	To: _____	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Office Address

\_\_\_\_\_  
County Telephone Number

## Individual and Environmental Telework Assessment

Prior to creating a telework agreement, the supervisor/manager must assess if the telework request will be practical and beneficial, meeting program, operational, and employee personal needs.

Meeting the assessment criteria does not guarantee approval to telework. Approval is given on a case-by-case basis; however, for the request to be considered, an employee must meet all of the requirements below.

Considerations of the Employee		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have the necessary knowledge to perform the required job tasks away from the office?
<input type="checkbox"/>	<input type="checkbox"/>	Has the employee demonstrated that he/she is reliable, responsible, self-directed and able to work independently in performing his/her work duties?
<input type="checkbox"/>	<input type="checkbox"/>	Has the employee demonstrated the ability to establish priorities and manage his/her time effectively?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee able to effectively complete work with minimal supervision/direction?
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee's job performance meet or exceed expectations?
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have a history of accurately reporting his/her time?
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee receive overtime under the FLSA or an applicable MOU?
<input type="checkbox"/>	<input type="checkbox"/>	If the employee receives overtime will the Department be able to accurately monitor the employee's time while teleworking to ensure he/she is being properly compensated?
<input type="checkbox"/>	<input type="checkbox"/>	Will teleworking permit the employee to support the work of others and contribute to business operations in the same/similar manner as if the employee was in the primary County office location?
<input type="checkbox"/>	<input type="checkbox"/>	Will the employee continue to be accessible to internal and external customers and clients in the same/similar manner as if the teleworker was in the primary County office location?
<input type="checkbox"/>	<input type="checkbox"/>	Has/will a <b>Telework Agreement</b> be created, signed and agreed to by the employee and the manager/supervisor, at minimum on an annual basis?
<input type="checkbox"/>	<input type="checkbox"/>	Have/will telework expectations and goals be established?

Considerations of the proposed Telework Environment and Resources

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has the employee confirmed he/she has the computer resources, internet connection, and other information technology needs for the required productivity?
<input type="checkbox"/>	<input type="checkbox"/>	Are there remote access hardware limitations (i.e. able to access all necessary programs and systems)?
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the teleworker have the supplies, equipment, and access necessary to work efficiently and effectively at the alternative work location?

**Section Three – Certification and Approval** (completed by the Supervisor/Manager and Department Head/Designee)

**Manager/Supervisor Name** \_\_\_\_\_  
**Manager/Supervisor Email** \_\_\_\_\_  
**Manager/Supervisor Phone** \_\_\_\_\_

Does your assessment of the Individual and the proposed Telework Environment indicate a telework arrangement will be practical and beneficial?  Yes  No

Has the department determined the above position to be suitable for telework?  Yes  No

Approved  Denied (provide reason)

\_\_\_\_\_  
**Manager/Supervisor Signature**

\_\_\_\_\_  
 Date

Approved  Denied (provide reason)

\_\_\_\_\_  
**Department Head/Designee Signature**

\_\_\_\_\_  
 Date

Denial Reason:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_