



Travis County Request to Telework

Section 1: Employee is to complete and submit to first line supervisor for approval.							
Requestor Name			Department		Organizational Unit		
Employee ID		Position Title			Proposed Start Date		
Proposed Telework Hours							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In Office Hours							
At Home Hours							
Section 2 First-line supervisor complete and certify requirements, if approved and send to second-line supervisor. If not approved supervisor notifies the employee.							
Job Requirements							
1. Does the job require more telephone or computer interaction than face-to-face interaction? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. Are most of the required face-to-face interactions anticipated and easily scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. Are job work products well defined and easily measured? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Are the job tasks and requests consistent and expected, requiring few work schedule changes to accomplish? <input type="checkbox"/> Yes <input type="checkbox"/> No							
5. Can the majority of the reference materials needed in this job be accessed on-line or from a remote location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
6. Does the position supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Certification: By approving this telework request, I certify that I have reviewed this request and found							
<input type="checkbox"/> the position is suitable for telework; <input type="checkbox"/> no other barriers to telework exist; <input type="checkbox"/> the employee meets the eligibility criteria outlined in Travis County Code							
<input type="checkbox"/> Approval of this request would be in the best interest of Travis County				<input type="checkbox"/> Approval of this request would not be in the interest of Travis County.			
First-Line Supervisor Signature					Date		

Section 3 The Department Head or Designee final approval and returned to first-line supervisor, who notifies the employee

Approved

Disapproved

Comments:

Department Head or Designee Signature

Date