

TEMPORARY SITUATIONAL TELEWORK APPLICATION

Name: _____

Job Title: _____

Bargaining Unit: _____

Name and Title of Supervisor: _____

Name and Title of Manager: _____

I am applying for Temporary/Situational telework.

Have you been previously approved for Telework in accordance with the Interim Telework Guidelines? Yes _____ No _____

If you propose to telework as part of a regular schedule, describe your proposed telework schedule:

My regular scheduled work hours are: From: _____ To: _____

My Proposed Telework schedule will be:

Week 1:	Fri.	<input type="checkbox"/>	Mon.	<input type="checkbox"/>	Tues.	<input type="checkbox"/>	Wed.	<input type="checkbox"/>	Thurs.	<input type="checkbox"/>
Week 2:	Fri.	<input type="checkbox"/>	Mon.	<input type="checkbox"/>	Tues.	<input type="checkbox"/>	Wed.	<input type="checkbox"/>	Thurs.	<input type="checkbox"/>

Do you have valid Agency-provided tokens and VPN software installed on a state-assigned laptop or an alternate arrangement approved by both the Agency and BEST?

Yes No

If No, my IT resources are: _____

Proposed Telework Location

Address: _____

Telephone Number: _____

Name of homeowners/ renters insurance company: _____

Policy expiration date: _____

Describe which of your job duties you anticipate performing at the telework location. Include in your description what materials, records or other work product you need to perform each duty and whether any of those materials are confidential or protected.

Describe how you will communicate with your supervisor, co-workers, and clients while you are teleworking.



I understand that the Telework Application must be approved and signed before I begin teleworking.

X

Employee's Signature

X

Manager's Approval

Forward application by scan or fax to: Meiko.chandler@ct.gov, Fax #860-424-5586