

**CITY OF HOUSTON
EMERGENCY TELECOMMUTING PROGRAM POLICY
APPLICATION AND AGREEMENT FORM**

This is the standard form for Administrative Policy 3-36: Emergency Telecommuting Program provided by the Human Resources Department. City departments are required use this form and may modify it to meet the departmental operational needs to approve Emergency Telecommuting Agreements with eligible employees.

The first three sections shall be completed by the requesting employee. Before this application is submitted for approval consideration, the employee shall: 1) fully read Administrative Policy 3-36: Emergency Telecommuting Program; and 2) have access to technical systems in line with the Technical Guidelines. Once the above steps are have been satisfied, the employee shall complete the Emergency Telecommuting Program Policy’s Application and Agreement Form. Only fully compete application will be considered.

Sections four and five are for supervisors and appointing officers/designees to review and approve or deny telecommute agreements.

Employees who have been approved to telecommute must complete the online survey.

TO BE COMPLETED BY THE EMPLOYEE:

I. EMPLOYEE INFORMATION

Name:		Job Title:	
Employee Number:		Department:	
Division/Unit:		Immediate Supervisor:	

II. TELECOMMUTE INFORMATION

Regular number of work hours:	
Regular scheduled shift:	
How will you report your time?	
Where is your designated work location (where will you work when you telecommute)?	
Do you have access to a secure internet source? If yes, where?	
Expected weekly telecommute schedule:	

Telecommuting Equipment

Required equipment:	Indicate if your equipment is City-owned or personal:
<input type="checkbox"/> Computer	
<input type="checkbox"/> Secure Internet/WIFI connection	
Other required supplies (please specify below):	Indicate if your other supplies are City-owned or personal:
Required software/systems:	
<input type="checkbox"/> City network (VPN access)- ONLY REQUIRED FOR CERTAIN CITY FUNCTIONS	
<input type="checkbox"/> Email	
<input type="checkbox"/> List other(s) below:	

Telecommuting Work Plan

Work you will perform while telecommuting:

Method of communication while telecommuting:	
<input type="checkbox"/> Phone	Phone number:
<input type="checkbox"/> Email	Email address:
<input type="checkbox"/> Text	Phone number:
<input type="checkbox"/> Other (please specify):	
How do you plan to check in with your supervisor?	

III. EMPLOYEE ACKNOWLEDGEMENTS

<input type="checkbox"/>	<p>I have read and will follow:</p> <ul style="list-style-type: none"> • AP 3-36: Emergency Telecommuting Program • The Telecommuting Technical Guidelines • VPN Security Agreement; if required
<input type="checkbox"/>	I understand and agree that this agreement will terminate upon notification by my Department Director that the emergency necessitating this agreement has ended.
<input type="checkbox"/>	I understand and agree that telecommuting is a privilege, not a right, and if my request is denied for arbitrary or capricious reasons, I may submit a written request to the department director for reconsideration.
<input type="checkbox"/>	I understand and agree that I am responsible for maintaining the safety and security of City equipment, supplies, and information while telecommuting.
<input type="checkbox"/>	I understand and agree that I shall comply with all City policies/procedures while telecommuting including procedures designed to protect sensitive City information, including information that is confidential, private, personal, or otherwise sensitive while telecommuting.
<input type="checkbox"/>	I understand and agree that telecommuting is not a substitute for dependent care and that I shall request leave for any time in which I have agreed to telecommute but will not be available.
<input type="checkbox"/>	I acknowledge that my designated workspace complies with all health and safety requirements.
<input type="checkbox"/>	I agree to accurately record and submit the hours I work while telecommuting.
<input type="checkbox"/>	I understand and agree that I must regularly check my City email, City voicemail and check in with my supervisor while telecommuting.
<input type="checkbox"/>	I understand and agree that my department is not required to provide me with any equipment or supplies I may need while telecommuting.
<input type="checkbox"/>	I understand that if this application is denied or if I decide not to or cannot for any reason, telecommute, I will be required to take appropriate accrued leave for the time I am out of the workplace.
<input type="checkbox"/>	I understand and agree that I am required to come into the office during my regularly scheduled work time if my department management requires me to do so and that if do not, I must take the appropriate accrued leave or be in an unpaid status.
<input type="checkbox"/>	I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this telecommute application and agreement. I understand that my telecommuting agreement can be ended for a business reason at any time.

Employee Signature:	Date:
---------------------	-------

TO BE COMPLETED BY DEPARTMENT MANAGEMENT

IV. SUPERVISOR REVIEW AND APPROVAL

Supervisor's Name:	
Title:	
<input type="checkbox"/>	I have reviewed and denied this telecommute agreement.
<input type="checkbox"/>	I have reviewed and approve this telecommute agreement.

Supervisor Signature:	Date:
-----------------------	-------

V. DEPARTMENT DIRECTOR OR DESIGNEE REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and denied this telecommute agreement.
<input type="checkbox"/>	I have reviewed and approve this telecommute agreement.

Department Director/Appointing Officer/Designee Signature (if approved by supervisor):	Date:
---	--------------