



Connecticut State  
Colleges & Universities

**MANAGEMENT / CONFIDENTIAL PROFESSIONAL EMPLOYEE  
TELECOMMUTING APPLICATION**

Name: \_\_\_\_\_

Current Official Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

2<sup>nd</sup> Tier Manager: \_\_\_\_\_

1) I am seeking the following telecommuting arrangement (check one):

\_\_\_\_\_ Scheduled      \_\_\_\_\_ Intermittent      \_\_\_\_\_ Remote Office

Please provide further details in this space if desired:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) The requested duration of the agreement is the following:

From \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy)                      (mm/dd/yy)

3) I will telecommute \_\_\_\_\_ day(s) per pay period.

Mon  Tues  Wed  Thurs  Fri

Mon  Tues  Wed  Thurs  Fri

4) My scheduled work hours will be from \_\_\_\_\_ to \_\_\_\_\_.

5) Proposed Telecommuting Location and Telephone:

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

6) I expect to perform the same job duties as those included in my job description at the telecommuting location. Include any materials, records or other work products you need to perform your job duties and whether any of those materials are confidential or protected.

7) I will communicate with my supervisor, co-workers, and work-related contacts through the following channels while telecommuting:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

8) Telecommuting is expected to increase my efficiency and productivity in the following ways (if requesting an extension please describe how the previous telecommuting agreement impacted this area):

---

---

---

---

---

---

---

---

---

---

---

9) My supervisor will be able to monitor my work productivity in the following ways:

---

---

---

---

---

---

---

---

---

---

---

10) The following equipment will be used at the telecommuting site: (please specify whether equipment is agency-owned or employee-owned).

Item _____	Owner _____
Item _____	Owner _____
Item _____	Owner _____
Item _____	Owner _____
Item _____	Owner _____

11) By signing this application, I attest that I have:

- Reviewed the Telecommuting Policy for CSCU Management & Confidential Professional Employees and I understand my rights and obligations under the Policy and any related policies.
- Understand that telecommuting is strictly voluntary and may end without cause, by either party.

- Agree that the agency reserves the right to modify this arrangement at any time.
- Understand that this telecommuting application must be approved and signed before I begin telecommuting.

Nothing contained in this application conveys nor is intended to convey upon the employee a contract of employment.

This telecommuting agreement is governed by and complies with all policies and procedures reference therein, as well as all other applicable state and agency policy and procedures. The undersigned have read, understand and acknowledge abiding by these policies.

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*2<sup>nd</sup> Tier Manager's Signature*

\_\_\_\_\_  
*Date*

This agreement                          
 was modified      was ended      is new      is being renewed

\_\_\_\_\_  
*HR Shared Services / Chief HR Officers Signature*

\_\_\_\_\_  
*Date*

***COPY TO BE FILED IN EMPLOYEE'S PERSONNEL FILE.***