

Department of Natural Resources (DNR)
TELECOMMUTING REQUEST FORM

1. General Information

Employee Name: _____ Personnel #: _____
 Office Name: _____ Division: _____
 Job Title: _____ Email Address: _____
 Best phone # for Employee to be reached on while telecommuting: _____

2. Telecommuting Request – FOR COMPLETION BY SUPERVISOR

Attached to this request form must be a **memorandum outlining the master plan to ensure sufficient staff coverage** is physically present each workday for the supervisor's work unit. Is this memo attached?

Telecommuting: # of Hours/Days of Week Requested: _____ In-Office: # of Hours/Days of Week Requested: *(must be at least 1 day per week)* _____ Paid Leave: # of Hours/Days of Week Requested: _____

 If approved, what duties would the employee perform while telecommuting?

Does the employee have: Home Computer; Wifi Access; Printer

Is a VPN required in order to access department network/drives?

Is there any other equipment needed?

3. Employee Certification

- If approved for telecommuting, I certify my understanding of the following:
- I must complete and submit a Daily Telecommuting Work Report of tasks accomplished to my immediate supervisor for each telecommuting workday;
 - Telecommuting is a temporary privilege (not a right) for purposes of HR Policy No. 1-A and will only be available through April 13, 2020, unless otherwise extended by further order of the Governor; and,
 - Telecommuting may be discontinued at any time should the Department deem it necessary.

Employee

4. Recommendation and Authorization

I certify this employee's assigned duties and demonstrated performance are conducive to telecommuting and hereby request approval of such.

Supervisor

Appointing Authority's Determination:
Approved Denied

Appointing Authority