

# Truman State University

## TELECOMMUTING QUESTIONNAIRE AND REQUEST FORM

### EMPLOYEE INFORMATION – PLEASE PRINT

Employee Name and Banner ID#	
Job Title	Non-Exempt? Yes No
Date of Request	
Telecommuting Address	

### INTRODUCTION

Unless hired specifically to work remotely, Truman State University employees are expected to work on campus during their appointed shift. Telecommuting is a **temporary** flexible work arrangement whereby eligible university employees are authorized by appropriate administration to perform the normal duties and responsibilities of their position, through the use of computers and other telecommunications, at designated sites other than their normal place of work.

As you complete the information on the following pages, please be aware of the following:

- The ability to telecommute is a privilege and not a right.
- Requests will be considered and approved or denied at the discretion of the administration based upon the rationale.
- Any telecommuting work arrangement, proposed or approved, does not change your employment status.
- This arrangement may be modified by the university at any time for any reason.
- Telecommuting is not to be used in place of a leave of absence. If you are unable to work a full eight-hour day at home, the balance of time must be covered by appropriate leave.
- You are responsible for safeguarding university property and/or documents located at the telecommuting site. Contact ITS regarding setup or refer to the Employee portion of the TruAlert website for guidelines for working remotely.
- You are responsible for preventing unauthorized access to any sensitive or confidential information and/or data and to comply with all applicable laws, university regulations, policies and procedures, and contracts, if applicable.
- You are responsible for providing any equipment necessary for this arrangement to be successful, unless you are authorized by your supervisor and ITS to bring university property off-site. In the event this is approved, you are responsible for the care and security of this equipment.
- The university will not be responsible for operation, maintenance, or incidental costs associated with the use of your home as the telecommuting work site.
- Your job responsibilities will require that you communicate with your supervisor at the university.

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### QUESTIONNAIRE

The Telecommuting Questionnaire and Request Form should be completed in advance of a temporary scheduled telecommuting work arrangement. Provide your responses below, using additional pages if needed. Submit the completed form to your supervisor for review and consideration.

1. Clearly define the telecommuting work arrangement desired (e.g., day, hours, onsite and offsite availability, etc.).
2. How long is the telecommuting work arrangement expected to last? (Be as specific as possible.) If duration is unknown, arrangement should specify a review date.
3. Identify which elements of your job can be performed off-site. Which cannot?
4. What equipment and technology will be needed for work to be completed effectively?
5. Detail your plan for completing work as outlined by your supervisor.

### EMPLOYEE VERIFICATION

Performance goals and responsibilities of the position are expected to be met in any telecommuting arrangement.

I have read and understand applicable the above procedures and information on the Telecommuting Questionnaire and Request Form.

Employee's Signature	Date
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### SUPERVISOR DECISION/SIGNATURE & DATE

	Approved	Rationale:	
	Not Approved		
	Next Review Date		
Supervisor's Signature			Date

### SUPERVISORS: DESCRIBE ADDITIONAL TELECOMMUTING WORK ARRANGEMENT AS NEEDED:

ELT Member's Signature	Date
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Human Resources Review	Date
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