



District of Columbia Department on Disability Services

APPLICATION TO PARTICIPATE IN TELECOMMUTING PROGRAM

Name: _____ Agency/Division: _____

Position Title/Series/Grade: _____ Supervisor: _____

Home Location: _____ Home Phone: _____

Official Duty Station Location: _____

Miles from Office to Official Duty Station: _____

1. Briefly describe your current job responsibilities.

2. Review the below job characteristics and then rate each according to your current job requirements. Place a \checkmark mark for each job requirement based on the level of importance (high or low).

| Job Requirements | High | Low |
|--------------------------------------------------------|------|-----|
| 1. Ability to control and schedule work | | |
| 2. Clear and understandable work assignment objectives | | |
| 3. Work Autonomy | | |
| 4. Concentration required | | |
| 5. Personal computer or terminal work | | |
| 6. Amount of face-to-face interaction required | | |
| 7. Amount of telephone communications required | | |
| 8. Amount of in-office reference materials required | | |
| 9. Amount of data security required | | |

(High ratings for items 1 - 5 and low ratings for items 6-9 indicate the likelihood that the job is compatible with a Telecommuting arrangement.)

3. Briefly describe how you meet the criteria to participate in the Telecommuting Program.

4. How will Telecommuting assist you in meeting the goals and needs of your work unit and the Agency, as well as benefit the District government?

5. How often would you want to Telecommute?

- 1 day per month
- 1 day per pay period
- 1 day per week

6. Specify the types of assignments/projects you expect to complete while Telecommuting.

Employee's Signature: _____ Date: _____

B. This section is to be completed by the Supervisor. Place a \checkmark mark in the appropriate box(es) below

| Job Requirements | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is frequent face-to-face contact with clients/coworkers vital in order to complete task(s) or activities listed in question 6 of this form? | | |
| 2. Is frequent supervisory review, while work is in progress, required as a routine part of tasks(s) or activities listed in question 6 of this form? | | |
| 3. Would security or technical reasons prevent information from being used outside of the work environment? | | |
| 4. Was the most recent official performance rating below "Meets Expectations" or "Satisfactory?" | | |
| 5. Will sensitive information be processed or transmitted in clear text over networks? | | |
| 6. Are there other concerns that might adversely affect the employee's participation in the Telecommuting Program? | | |

Answering "YES" to any of the above questions may result in the application being disapproved. The supervisor should explain, in writing, any "YES" answers below:

Supervisor's Final Recommendation:

Approve

Disapprove (If the recommendation is to disapprove request, specify reason(s) below):

Print Name: _____

Signature: _____ Date: _____

Deputy Director's Final Recommendation:

Approve

Disapprove (If the recommendation is to disapprove request, specify reason(s) below):

Print Name: _____

Signature: _____ Date: _____

Human Capital Administrator's Final Recommendation:

- Approve
- Disapprove (If the recommendation is to disapprove request, specify reason(s) below):

Print Name: _____

Signature: _____ Date: _____

C. This section is to be completed only by the Agency Head (or designee):

Approving Official:

- Approved
- Disapproved (Specify reason(s) below):

Signature: _____ Date: _____

Print Name: _____