



IDAHO DEPARTMENT OF CORRECTION

Protecting the public, our staff and those within our custody and supervision.

BRAD LITTLE
Governor

JOSH TEWALT
Director

IDOC TELECOMMUTING APPLICATION

A. Employee Information

Employee Name: _____ Title: _____
 Office Location: drop down] Division: drop down
 Supervisor: _____ Title: _____

B. Telecommute Request Information

- Type of telecommute requested:

Regular and/or reoccurring schedule	Periodic and/or intermittent
Part of a Reasonable Accommodation	Out of state telecommute request
- How often are you requesting permission to telecommute?
 1 day per week 2 days per week 3 days per week Occasionally
- Address of alternate work location:
- Reason for request:

C. Appropriateness Assessment

Please read each of the following job characteristics and then rate each according to your current job requirements. To perform your job, if there is a **High** requirement, **Low** requirement, or **No** requirement for the indicated category, please mark an X in the appropriate column.

Job Requirements	High	Low	None
Ability to control and schedule work			
Clear and understandable work assignment objectives			
Ability to work autonomously			
Requirement to concentrate on work			
Amount of computer work			
Clear understanding of computer security requirements			
Amount of face-to-face contact			
Amount of telephone communications			
Amount of in-office reference material needed			
Amount of generally sensitive material / data			

Amount of HIPAA material work requirement <i>(Health Insurance Portability and Accountability Act which requires employers to physically separate and safeguard employees' "protected health information" received from a group health plan)</i>			
Amount of tax information or protected personally identifiable information (PPI)			
Supervisory or training responsibilities			

D. Telecommute Work Plan Proposal

1. Briefly describe the work that you will complete while telecommuting – for example, 20% email, 30% data management, 25% phone consultations, etc.

2. Briefly describe the telecommuting location and workspace, including necessary equipment. Please note, IDOC may not be responsible for providing telecommute equipment.

3. Briefly describe how telecommuting will meet the goals of your work unit and the needs of the State.

4. Supervisor comments (indicate agreement/disagreement with the request):

Employee Signature

Date _____

Supervisor Signature

Date _____

E. Agency Determination

Approved Denied *If denied, please provide justification.

Chief Approving the Request _____ **Date:**

(Print Name)

(Signature)

Deputy Director Approving the Request _____ **Date:**

(Print Name)

(Signature)

***Additional Authorization Required for Out of State Telecommuting:**

DHR Representative Approving _____

(Print Name)

(Signature)

Date:

DFM Representative Approving _____

(Print Name)

(Signature)

Date:

SCO Representative Approving _____

(Print Name)

(Signature)

Date:

*This completed form needs to be submitted to the IDOC Human Resources Office, along with a completed IDOC Telecommuting Agreement if the application has been approved.