A. **Overview**

Telecommuting is a work arrangement in which employees are allowed to work remotely, at an Alternate Worksite, for all or part of their workweek. Cook County considers telecommuting to be a practical, flexible work option when both the employee and their position duties are suited to such an arrangement. The work schedule also supports the County’s position on reducing their carbon footprint on the environment. Telecommuting reduces the overall greenhouse gas emissions and in turn, decreases air pollution in Cook County. Telecommuting aligns with Cook County’s Policy Roadmap’s goal to attract and support a diverse and high-quality workforce, to improve service.

B. **Purpose**

The purpose of this policy is to authorize employees to Telecommute and perform their work duties during any part of their regularly scheduled work hours at an approved Alternate Worksite. Cook County has the right to require the use of Telecommuting to ensure its operations or pursuant to the County declaring a state of emergency. Additionally, Cook County has the right to refuse to make Telecommuting available unless as a work accommodation request.

C. **Intent**

This policy is intended to be interpreted consistent with and subject to applicable law. It supersedes all earlier policies and/or memoranda that may have been issued from time-to-time on subjects covered in this policy. This policy is not intended to supersede or limit the County from enforcing programs or provisions in any applicable collective bargaining agreement. Should any provision in this policy conflict with a specific provision(s) in the Time and Attendance Policy, the provision(s) in this policy shall take precedence.

D. **Jurisdiction**

The Bureau of Human Resources (“BHR”) is authorized to develop and issue policies for the effective management of Cook County employees, pursuant to section 44-45 of the Cook County Code of Ordinances.

E. **Severability**

If any section or provision of this document should be held invalid by operation of law, none of the remainder shall be affected.
F. **Areas Affected**

This policy applies to all County employees in Departments in the Offices under the President and/or covered by the Cook County Employment Plan.

G. **Nondiscrimination**

Cook County prohibits the discriminatory application, implementation, or enforcement of any provision of this policy on the basis of race, color, sex, age, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, military discharge status, source of income, gender identity or housing status, or any other protected category established by law, statute or ordinance.

H. **Definitions**

For purposes of this policy, the following terms shall be given the following meanings as set forth below:

**Alternative Worksite** – An employee’s work location other than the County employee’s Official Worksite.

**Cook County Time System** – The County’s time and attendance system to which employees gain access through Time clocks, an IVR Clock, or the web-based Dashboard.

**Cook County Time and Attendance Policy** – Policy that details the rules and procedures to be followed by employees in regard to the recording of hours worked and attendance.

**Collective Bargaining Agreement (CBA)** – Any current collective bargaining agreement between the County and any legally-recognized collective bargaining representative of employees of the County.

**Confidential** – The act of or the duty of an individual to refrain from sharing other’s information except with the expressed consent of the other party.

**Department Head** – The individual assigned to head or direct a Department.

**Emergency Telecommuting** – A short term telecommuting schedule approved on a case-by-case basis. Usually used to address inclement weather, special projects, special circumstances or national, State and/or local emergencies. To the extent possible, approved Emergency Telecommuting shall include the dates and hours of Telecommuting and the reason for Telecommuting schedule.
Fair Labor Standards Act (FLSA) Exempt – Employee primarily performing work that is not subject to overtime provisions of the Fair Labor Standards Act. Overtime pay is not required. The normal work week of forty (40) hours applies.

Fair Labor Standards Act (FLSA) Non-Exempt – Employees primarily performing work that is subject to the overtime provisions of the Fair Labor Stand Act. The employee is eligible for overtime pay or compensatory time for hours work more than the normal work week of forty (40) hours.

Official Worksite - The Cook County worksite(s) where an employee is regularly assigned to work during their scheduled work hours.

Personally Identifiable Information - Any information that enables the user to identify an individual, directly, or indirectly, by reference to an identifier such as their name, identification number, location data, online identifier or one or more factors specific to that individual. It includes "sensitive Personal Information" and "pseudonymized Personal Information" but excludes anonymous information or information that has had the identity of an individual permanently removed.

Routine Telecommuting – Part of an ongoing arrangement with prescribed schedule days of the week, hours work and official worksite.

Telecommute or Telecommuting - Refers to a flexible work arrangement whereby an employee performs the duties and responsibilities of their position, and other authorized activities from an approved Alternate Worksite other than the location from which the employee would otherwise work.

Telecommuting Acknowledgement - A required written agreement signed by the eligible employee, their Department Head and Chief of the Bureau of Human Resources (or Designee) that specifically outlines the terms and conditions that must be met by the employee and the suitability of their position for Telecommuting. In the event Emergency Telecommuting is activated or authorized, a Telecommuting Acknowledgement may not be required.

I. Eligibility

1. Position Eligibility

   a. In order to be eligible to Telecommute, the position must be assessed by the Bureau Chief (or Designee) as a position whose duties can be performed
from an Alternate Worksite with little to no disruption of department operations.

b. An eligible position for Telecommuting should have minimal requirements for direct supervision with little to no need for specialized equipment, and the work goals and tasks must be clearly defined.

c. Emergency Telecommuting may be authorized for Department Heads, supervisors, management, or positions with direct supervision and/or positions that need specialized equipment on a case-by-case basis.

d. In the event Emergency Telecommuting is authorized or activated, eligible positions for Telecommuting may be expanded.

2. Employee Eligibility

   a. Employees whose essential job functions require them to remain at their official work location due to the need to access or use specific equipment or software or are required to perform an on-site job function may not be eligible to Telecommute.

   b. The employee must satisfactorily perform their job duties.

   c. The employee must be self-motivated, able to work independently, manage distractions, and meet deadlines.

   d. The employee should not have received any disciplinary actions beyond an oral warning for twelve (12) months prior to applying for the Telecommuting Program.

   In the event Emergency Telecommuting is authorized or implemented to address business continuity, employees eligible to Telecommute may be expanded.

J. Employee and Management Responsibilities

   1. Bureau Chief Responsibilities (or Designee)

   a. Review the job duties of all position titles in the department to determine whether the duties can be performed at an Alternative Worksite without disruption to other employee or departmental operations.
b. Provide the Department Head a list of eligible positions that are approved by BHR as positions that may be authorized to Telecommute.

2. Department Head Responsibilities

a. Assess the need for having all employees or positions present daily at the official worksite to have a productive department, taking into consideration the likelihood that productivity may increase if there is greater flexibility in the work schedule.

b. Determine if the operational needs of the department can continue to be met if an employee or position is allowed to work at an Alternate Worksite.

c. Determine the equipment needed by the employee or position in order to perform duties at an Alternate Worksite.

d. Determine department, ability in consultation with the Department of Budget and Management Services, to accept responsibility for cost associated in authorizing Telecommuting.

e. Review and execute the Telecommuting Acknowledgement prior to its submission to Bureau of Human Resources for final approval.

3. Supervisor Responsibilities

a. To the extent offered, attend training provided by the Bureau of Human Resources on the incorporation of Telecommuting into a department.

b. Determine whether the employee’s past work behavior demonstrates that they are able to work at an Alternate Worksite and can meet all project deadlines with minimal supervisory oversight.

c. Complete and execute the Telecommuting Request Form with justification, if applicable.

d. Complete, review and ensure the Telecommuting Acknowledgement is signed by the employee.

e. Transmit the Telecommuting Acknowledgement along with the Telecommuting Request Form to the Department Head for review and signature.
f. Participate in the Telecommuting training, when implemented, if the employee is approved to participate in the Program.

4. Employee Responsibilities

a. Submit a Telecommuting Request Form to the Supervisor.

b. Review and sign the Telecommuting Acknowledgement.

c. Accept responsibility for cost associated with the setup of a home office.

d. Attend training on the rules and responsibilities regarding Telecommuting once implemented.

Once BHR agrees with the Department Head’s assessment, the Department Head, the employee, and the Bureau of Human Resources must sign the Telecommuting Acknowledgement. The Acknowledgement will include the Alternative Worksite, the Department Head’s expectation as to the goals to be accomplished by the employee in a set period and the assurance that the employee will make themselves available to respond to telephone, teleconference and emails during County business hours. A Department Head may deny, change, or terminate an Acknowledgement if they later learn the arrangement is not compatible with the County’s mission and/or operational needs. A Telecommuting Acknowledgement shall not be required in the event Emergency Telecommuting is authorized or activated.

K. Supplies and Equipment

All applicable cybersecurity policies and rules apply to equipment supplied to the Telecommuter. The Telecommuter is responsible for managing their worksite, including but not limited to any desk, chair, lighting, and file cabinet. They are responsible for ensuring that the location is free from distractions and hazards.

Restricted-access materials, including, but not limited to, confidential records and materials having Personally Identifying Information, shall not be taken out of the official worksite, or accessed through the computer unless otherwise approved by the Department Head. If approved, all materials must be kept securely. Materials containing Personally Identifying Information must be returned to the Official Worksite for proper storage and/or destruction in accordance with the applicable Record Retention Policy.
Products, documents, and records used and/or developed while Telecommuting shall remain the property of the County and must be treated as confidential material in accordance with Personnel Rules, the Ethics Ordinance, and the Record Retention Policy. The mandated data repository for County files will be the employee’s web-based data storage.

The Telecommuter must comply with all County policies for use of computer hardware and software, including:
- Acceptable Use Policy for Information Technology Resources
- All Information Security Office Policies; and
- All Best Practice Security Information Training

On a case-by-case basis, Cook County Bureau of Technology (BOT) will assist the Department Head to determine the appropriate equipment needs for each Telecommuting arrangement provided such equipment is available.

Cook County will supply the Telecommuter with hardware and software. The Telecommuter must only use County issued equipment in the performance of their duties while Telecommuting unless the Telecommuter has prior approval from his or her Supervisor and the Bureau of Technology to use their personal hardware. Cook County will neither install nor maintain equipment at an Alternate Worksite. All County equipment must be returned to the employee’s official worksite for repair or replacement. Cook County accepts no responsibility for damage or repairs to employee-owned equipment and Cook County Bureau of Technology reserves the right to make determinations as to proper equipment, subject to change at the County’s discretion. The Telecommuter must sign an inventory of all Cook County property received and agree to take proper action to protect the items from damage or theft. Upon termination of employment, all Cook County property will be returned to the employee’s Department Head, unless other arrangements have been made.

L. Policy and Procedures

The primary considerations in authorizing Telecommuting is its support of the mission and operational needs of Cook County Offices Under the President.

1. Terms of Employment

   a. Conditions of employment for an employee authorized to Telecommute or Emergency Telecommute shall remain the same as those for non-
Telecommuting employee. The employee’s salary and benefits shall not change because of Telecommuting.

b. County policies, rules and practices shall apply to the Telecommuter at all Alternate Worksites, including those governing communicating internally and with the public, employee rights and responsibilities, facilities and equipment management, financial management, information resource management, purchasing of property and services, and safety. Failure to follow policies, rules and procedures may result in termination of the Telecommuting Acknowledgment Form and/or disciplinary action consistent with County Personnel Rules.

c. Ordinary and necessary expenses incurred for the expressed purpose of performing an employee’s job duties will be reimbursed.

2. Work Schedule and Accessibility

a. The number of hours worked will not change due to an employee’s participation in Telecommuting or Emergency Telecommuting. A consistent schedule of Telecommuting workdays and hours must ensure regular and predictable contact with County staff. For some positions, more flexibility in work hours and days may be possible at the discretion of the Supervisor.

b. The Telecommuting schedule must allow adequate time at the official worksite for meetings, access to facilities and supplies, and communications with other employees and personnel.

c. The Telecommuter will attend meetings, trainings, and conferences, as requested by their Supervisor.

d. While Telecommuting, the employee must be reachable via telephone, teleconference and/or e-mail during agreed-upon work hours.

e. Should an emergency occur at the Alternate Worksite, the Telecommuter will notify their Supervisor as soon as possible and follow instructions as given by their Department Head.
3. Employee Performance

Employees are expected to maintain the same level of productivity while at the Alternate Worksite as they do at their official worksite. Telecommuters and Department Heads must have clear expectations for work product requirements. The Telecommuter's performance will be evaluated in accordance with County's Performance Management System, if applicable.

4. Time Worked

All employees working at an Alternate Worksite are expected to accurately record their work hours in accordance with the County’s Time and Attendance Policy. For employees that are FLSA Non-Exempt, hours worked more than those scheduled per day and per work week require advance approval of the Telecommuter's Department Head. FLSA Exempt employees are required to work the normal work week of 40 hours but may be required to work beyond such hours in order to satisfactorily fulfill the responsibilities of their position. Failure to follow this requirement may result in the immediate termination of the Telecommuting Acknowledgement and/or disciplinary action. Supervisors of FLSA Non-Exempt employees may not contact them outside of their agreed upon work hours, unless due to an emergency.

Employees working at an Alternate Worksite will be assigned to a time clock or an Interactive Voice Response (IVR) system in accordance with the Time and Attendance Policy for recording their attendance. Failure to follow this requirement may result in immediate termination of the Telecommuting Acknowledgement and/or disciplinary action.

5. Method

a. Routine Telecommuting

Occurs when an employee is part of an ongoing arrangement with a prescribed schedule of days, hours of work and an official worksite pursuant to an Acknowledgement as defined in Section J of this Policy.
b. Emergency Telecommuting

Telecommuting that is authorized during inclement weather, to account for special projects, special circumstances or national, State and/or local emergencies. Should Cook County declare a state of emergency due to natural disaster or outbreak of illness, the rules of this policy may be suspended, and employees may be required to Telecommute at the direction of the President’s Office or the Bureau Chief of the Bureau of Human Resources (or Designee).

6. Denying, Changing, or Terminating a Telecommuting Arrangement

A Department Head may deny, change, or terminate a Telecommuting Acknowledgement if it is not compatible with the County’s mission and/or operational needs. Department Heads shall give employees at least forty-eight (48) hours notification when changing or ending a Telecommuting Acknowledgement. An employee may request to change or end the Telecommuting Acknowledgement prior to the agreed upon end date by notifying their Department Head seven (7) days prior to the requested change or end date. If the request to end the Telecommuting Acknowledgement is based on an emergency, the Telecommuter should contact their Department Head immediately.

M. Penalties

Failure to follow the provisions of this policy may subject an employee to discipline, up to and including termination of employment in accordance with the Personnel Rules and/or applicable CBA.

N. Acceptable Use Policy for County Information Technology (IT) Resources and Communications

Nothing in this Policy should be interpreted to conflict with the current Acceptable Use Policy. All Telecommuters must be familiar with and follow all provisions of the Acceptable Use Policy. Failure to do so may result in rescission of the Telecommuting Acknowledgement.
O. Safety

Employees are expected to operate in a safe manner at any Alternative Worksite. Telecommuting employees must notify their Department Head (or Designee) of any on-the-job injuries as soon as practical. The Department Head (or Designee) must notify Risk Management of any such injuries using the standard workers compensation process, forms, and instructions.
<table>
<thead>
<tr>
<th>POLICY TITLE: TELECOMMUTING POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved: March 16, 2020</td>
</tr>
<tr>
<td>Effective: March 16, 2020</td>
</tr>
<tr>
<td>Page 12 of 23</td>
</tr>
</tbody>
</table>

Appendix A

TELECOMMUTING ACKNOWLEDGEMENT
TELECOMMUTING ACKNOWLEDGEMENT

The County considers telecommuting to be a viable alternative work arrangement in cases where individual and job characteristics are suited to such an arrangement. It is not an entitlement; it is not a County-wide benefit; and it in no way changes the terms and conditions of employment.

GENERAL WORK ARRANGEMENTS
This document specifies the terms and conditions of the Telecommuting Acknowledgement between [Employee Name] and [Department Head Name] of Cook County Department of [Department Name], beginning on [Date] and ending on [Date]. The maximum duration of this Acknowledgement cannot exceed a 12-month period. After a 12-month period, a new Acknowledgement must be entered.

The days and hours when the employee is expected to be present in the office or department are [List days] between the hours of [List hours] and additional times designated by the Department Head for office or for department meetings, etc.

1. The Alternative Worksite is [Address], this is considered [write an Alternative Worksite based on the definition].

2. The days and hours when the employee is expected to Telecommute [List days] and [List hours].

3. The employee’s duties and responsibilities:
   a. Will remain the same as when working at the Official Worksite (regular County worksite); OR
   b. The specific duties and assignments authorized to be conducted at the Alternative Worksite are [specify duties or indicate to see attached description of duties and expectations].

4. Effective communication is essential for this arrangement to be successful. The employee agrees to remain accessible during their assigned work schedule. The following methods and times of communicating are agreed upon: [specify contact methods, contact individuals, and required frequency of communication].

5. The Department Head may terminate the Acknowledgement with forty-eight (48) hours prior notification. The employee may terminate the Acknowledgement with seven (7) days’ notice given to their Department Head.
PERSONNEL POLICIES & PROCEDURES
1. All applicable Personnel Rules and County Policies shall apply.

2. Non-Exempt Employees:
   a. Must track and record their hours worked pursuant to Cook County time and Attendance Policy.
   b. Requests to work overtime, use sick leave, vacation, or other leave must be approved by the employee’s Department Head in the same manner as required when working at the Official Worksite.

3. The employee agrees to, and understands that all obligations, responsibilities, terms, and conditions of employment with the County remain unchanged, except those obligations and responsibilities specifically addressed in this Acknowledgement.

4. The employee agrees to and understands that management retains the right to modify this Acknowledgement at its discretion.

SAFETY, EQUIPMENT, & INFORMATION SECURITY
1. The employee agrees to maintain a work environment that is clean, safe, and free of obstructions and hazardous situations.

2. The employee agrees to use County-owned equipment, records, and materials for purposes of County business only, and to protect them against unauthorized or accidental access, use, modification, destruction, theft, or disclosure. The precautions described in this Acknowledgement apply regardless of the storage media on which information is recorded, the locations where the information is stored, the systems used to process the information, or the processes by which the information is handled.

3. The employee agrees to report to their Department Head any instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.

4. The employee agrees to report work-related injuries to the Supervisor as soon as practicable.

5. The employee has received a copy of the Acceptable Use Policy and agrees to abide by its provisions. The employee understands that failure to do so may result in rescission of this Telecommuting Acknowledgement as well as any other penalties provided in the Acceptable Use Policy.
EQUIPMENT, FURNITURE, & SUPPLIES

1. The employee agrees that the Cook County Bureau of Technology will supply the following equipment and software: [Specify items provided].

2. The employee understands that all equipment provided by Cook County, records, and materials produced in the performance of the employee’s duties shall remain property of Cook County.

3. The employee agrees to return County equipment, records, and materials within [Number] days of termination of this Acknowledgement.

4. All County equipment will be returned to the Bureau of Technology by the employee for inspection, repair, replacement, or repossession with [Number] days’ written notice.

5. All equipment, furniture, and/or supplies not listed in item one will be supplied and maintained by the employee.

6. If the equipment is damaged, stolen or lost, the employee will be held responsible and may be liable for replacement cost.
NO POLITICAL CONSIDERATION CERTIFICATION

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment or hiring upon or because of any political reason or factor or knowing inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Telecommuting Program or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Department Head Name and Signature       Date

Bureau Chief of Human Resources Name and Signature       Date

Employee Acknowledgement: I have received a copy of the Cook County’s Telecommuting and Acceptable Use Policies. I have read and understand these policies. I have been provided the opportunity to ask questions regarding this policy. I understand that violations of these policies may result in disciplinary action up to and including termination of employment.

Employee Name and Signature       Date

Department Head Name and Signature       Date

Bureau Chief of Human Resources Name and Signature       Date
## TELECOMMUTING PROCEDURES FOR BUREAU CHIEFS AND DEPARTMENT HEADS
Telecommuting Procedures for Bureau Chiefs and Department Heads

This document provides the information Department Heads need to make informed decisions to determine if and how to implement a telecommuting program in their department(s). Please refer to the attached Telecommuting Policy, for a detailed explanation of County’s expectations.

**Employees may not begin Telecommuting until final authorization is provided by the Bureau Chief of Human Resources.**

1. Determination of Position and Employee Eligibility

   The Department Head must review and approve all requests for position(s) and employee(s) to participate in Telecommuting BEFORE the request is sent to BHR.

   a) A Department Head will designate eligible positions based on these factors:

      1. The position is assessed as having duties that can be performed at an Alternative Worksite with no disruption to departmental operations.

      2. The position requires minimal direct supervision with little to no need for specialized equipment.

      3. Work goals are clearly defined

   b) A Department Head will designate eligible employees based on these factors

      1. The essential functions of an employee’s job duties do not require the employee to remain at their official work location.

      2. The employee is self-motivated, able to work independently, can manage distractions, and meet deadlines.

      3. The employee has not received any disciplinary actions beyond an oral warning for twelve (12) months prior to their request to participate in the Telecommuting Program.

   c) The work objectives and tasks must be clearly defined.

2. Review of Telecommuting Acknowledgement with Employee
The detailed review of the Acknowledgement with the employee must include:
   a) Dates, hours of work, objectives, and tasks.
   b) Rules regarding employee availability to participate in meeting.

3. Bureau of Human Resources Approval

   The Department Head, the employee, and the Bureau Chief of BHR sign the Telecommuting Acknowledgement.

4. Denying, Modifying or Terminating the Telecommuting Acknowledgement
   a) A Department Head may deny, modify, or terminate a Telecommuting Acknowledgement at any time for any reason.
   b) An employee may choose to terminate a Telecommuting Acknowledgement with enough notice.
## TELECOMMUTING REQUEST FORM

### Appendix C
### Telecommuting Request Form

<table>
<thead>
<tr>
<th>Employee</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>Department</td>
</tr>
<tr>
<td>Alternative Worksit Address</td>
<td>Employee’s home phone</td>
</tr>
<tr>
<td></td>
<td>Employee’s Contact Number</td>
</tr>
<tr>
<td></td>
<td>Proposed Start Date:</td>
</tr>
</tbody>
</table>

**Telecommuting Days of the Week**

**Purpose for Telecommuting Request:**

---

**TO BE COMPLETED BY EMPLOYEE**

I understand that this request does not guarantee that I will receive approval to Telecommute. I also understand that I will not be permitted to Telecommute until I have signed a Telecommuting Acknowledgement, and that Acknowledgement has been approved and signed by my supervisor and the Bureau Chief of the Bureau of Human Resources (or Designee). The terms and conditions of an approved Telecommuting arrangement, including the hours to be worked, will be solely governed by the Telecommuting Acknowledgement, and not by this request or any verbal agreements. If changes are to be made to the
Acknowledgement, they must be made with sufficient amount of notification as detailed in the Telecommuting Policy. I will abide by the terms of that policy.

Employee signature _____________________________ Date _____ / _____ / _____

TO BE COMPLETED BY SUPERVISOR

1. Do you expect to be able to communicate effectively with the employee at the Alternative Worksite, if necessary?  Yes  No

2. Are the employee’s knowledge, skills, abilities, and work habits conducive to telecommuting?  Yes  No

3. Will the proposed Alternate Worksite enable the employee to adequately perform his or her job duties?  Yes  No

4. Will the proposed telecommuting arrangement result in a savings to, or other positive impact on, the department?  Yes  No

If you answered “no” to any of the above questions, please explain below. You may also address the employee’s concerns, express your own concerns, or add any other comments or recommendations regarding the proposed telecommuting arrangement.

________________________________________

DEPARTMENT HEAD CERTIFICATION

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment or hiring upon or because of any political reason or factor or knowing inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Telecommuting Program or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.
<table>
<thead>
<tr>
<th>Department Head Name (Print)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

- [ ] Approve
- [ ] Do Not approve

(If approved, please meet with the employee, and draft a Telecommuting Acknowledgement, then submit the Acknowledgement and this Request to the Bureau of Human Resources for final approval. If not approved, please explain the reason below and submit a copy of this Request to Human Resources to be placed in the employee’s file. If you would consider approving the employee’s request if appropriately modified, you may meet with the employee to discuss modifying and resubmitting the request.)

Reason for not approving request:

________________________________________________________________________

________________________________________________________________________

Supervisor signature ____________________________ Date _____ / _____ / ______