

TELECOMMUTING APPLICATION/AGREEMENT

This model application/agreement may be tailored to an individual department's needs

Instructions: Applicants for telecommuting complete PART I and submit to supervisor.

PART I:

1. Name: _____ Date: _____

2. Department: _____ Phone: _____

3. Job Title: _____

4. Remote Work Site:
Employee's Home _____ County Facility _____ Other _____

Explain, if other: _____

Street	City	State	Zip
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5. Proposed Work Space: _____

6. Proposed telecommuting schedule: (Indicate days and work hours and any specified time required at the office or usual place of work)

7. Work to be performed while telecommuting: _____

8. Equipment to be used while telecommuting:
Personal: _____

County-owned: _____



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I have read Santa Barbara County's Telecommuting Policy and Procedures and agree to abide by the terms and conditions therein. I agree to abide by all the additional conditions as outlined in this Telecommuting Agreement. If any of these conditions change, I will immediately notify my supervisor.

- I understand telecommuting is a privilege, not a right.

Signature: _____ Date: _____

Action by Department Head: _____ Approved _____ Denied

Signature: _____ Date: _____
