



Telework Application

APPLICANT INFORMATION					
Last Name		First Name		Employee ID	
Position Title					
Division		Work Address			
Phone		Email			
Supervisor					
Primary Telework Location					
Proposed Primary Telework Location Address:					
Miles from work to proposed Primary Telework location			Telephone No:		
Indicate any equipment you are able to personally provide and/or any equipment the state will need to issue:					
ITEM	State Issued	Personal	ITEM	State Issued	Personal
Computer/Laptop			Modem/Internet Access		
Printer			Additional Phone Line		
Fax			Copy Machine		
Other (please describe)					
DESCRIPTION OF WORK PERFORMED					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from the Telework Program.					
Signature				Date	

SUPERVISOR		
Employee's Most Recent PMP Score	Additional PMP Comments	
How often will the employee's metrics be evaluated?		
In the box below, list the metrics on which the teleworking employee will be evaluated. Please provide a sample of any reports/documents the employee may be responsible for creating.		
DESCRIPTION OF METRICS TO BE USED TO MONITOR WORK DELIVERABLES		
Can the employee's current job duties be adapted to Telework?	Yes	No
Will the Telework arrangement benefit the needs of the Department and the Agency?	Yes	No
Will Telework be a temporary arrangement?	Yes	No
How often will the employee Telework?		
Supervisor Comments:		

Does the position have access to information systems that house any of the following data?

Answer **Yes** or **No** for each item:

	Yes/No	Data Category	Regulatory Environments	Telework Status
1.		Names, Dates of Birth, or Social Security Numbers not related to Medical Information or specific data categories below	Personally Identifiable Information (PII) - The Privacy Act of 1974	If Yes - Only granted with safeguards and strict controls on access to PII, saving and printing locally of PII must be prohibited. Regular evaluation should occur on the telework position.
2.		Names, Dates of Birth, Social Security Numbers and related medical information	Health Insurance Portability and Accountability Act (HIPAA) for Personal Health Information (PHI)	If Yes - Only granted with safeguards and strict controls on access to PHI, saving and printing locally of PHI must be prohibited. Regular evaluation should occur on the telework position.
3.		Names, Dates of Birth, Social Security Numbers and related Tax Payer information	Internal Revenue Service - Federal Taxpayer Information (FTI) IRS-1075 - Safeguards for Protecting Federal Tax Returns and Return Information	If Yes - Only granted with safeguards and strict controls on access to FTI, saving and printing locally of FTI must be prohibited. Regular evaluation should occur on the telework position.
4.		Names, Dates of Birth, Social Security Numbers and related children or adult education records	Family Educational Rights and Privacy Act (FERPA)	If Yes - Only granted with safeguards and strict controls on access to FERPA data, saving and printing locally FERPA data must be prohibited. Regular evaluation should occur on the telework position.
5.		Names, Dates of Birth, Social Security Numbers and related Criminal Justice records	Criminal Justice Information Systems (CJIS) Security Policy	If Yes - telework is not suitable.

6.		Names, Dates of Birth, and Social Security Numbers with related Social Security Administration data received from the Federal Social Security Administration	Social Security Administration (SSA) Electronic Information Exchange Security Requirements and Procedures for State and Local Agencies also related to the Federal Information Security Management Act (FISMA)	If Yes - Only granted with safeguards and strict controls on access to SSA and FISMA data, saving and printing locally of SSA and FISMA data must be prohibited. Regular evaluation should occur on the telework position.
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SUPERVISOR SIGNATURE	
Signature	Date
MANAGER SIGNATURE	
Signature	Date
DIVISION DIRECTOR SIGNATURE	
Signature	Date

Human Resources Director	
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Comments:	
Signature	Date