



CITY AND COUNTY OF SAN FRANCISCO TELECOMMUTING POLICY AND PROGRAM TELECOMMUTE APPLICATION AND AGREEMENT FORM

This is the Department of Human Resources Telecommuting Program application form.

The first three sections are for employees. Sections four through seven are for supervisors, managers, division directors, and the DHR appointing officer designee to review and approve telecommute agreements.

Employees who have been approved to telecommute must complete the [online survey](https://sfdhr.org/telecommute). All program materials are posted at sfdhr.org/telecommute.

I. EMPLOYEE INFORMATION

Name: _____ DSW Number: _____

Title: _____ Classification Number: _____

Department: _____ Division/Unit: _____

II. TELECOMMUTE INFORMATION

This agreement is for a _____ telecommuting arrangement.

This agreement will run from _____ to _____

I plan to evaluate this agreement with my supervisor _____

Telecommute schedule (if regular and recurring): _____

Work hours: _____ How will you report your time? _____

Designated work location: _____ Other: _____

Telecommuting Equipment

Required equipment:

Required supplies:

• Computer – • _____

• Printer – • _____

• Fax – • _____

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Other Equipment

Required software/systems:

City network (VPN access)

Email

List other(s): _____

Telecommuting Work Plan

Work you will perform while telecommuting:

Method of communication while telecommuting:

Phone – phone number: _____

Email – email address: _____

Text – phone number: _____

Other: _____

I plan to check my email at least _____ times per day.

I will forward my calls to or provide clients with this phone number on telecommute days: _____

I plan to check in with my supervisor _____ times per day by _____.

III. EMPLOYEE ACKNOWLEDGEMENTS

I have read and will follow:

- The Telecommuting Program Policy
- The Telecommuting Technical Guidelines

I have completed the employee telecommute eLearning module and understand my obligations.

I understand and agree that telecommuting is a privilege, not a right, and is not subject to the grievance process.

I understand and agree that I am responsible for maintaining the safety and security of City equipment, supplies, and information while telecommuting.

I understand and agree that I must comply with all procedures designed to protect sensitive City information, including information that is confidential, private, personal, or otherwise sensitive while telecommuting.

I understand and agree that telecommuting is not a substitute for dependent care.

I acknowledge that my designated workspace complies with all health and safety requirements.

I agree to accurately record and submit the hours I work while telecommuting.

I understand and agree that I must come into the office on a regularly scheduled telecommute day when my department requires me to do so.

I understand and agree that my department is not required to provide me with any equipment or supplies I may need while telecommuting.

I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this telecommute application and agreement. I understand that my telecommuting agreement can be ended for a business reason at any time.

I have read and will comply with all DHR's rules while telecommuting.

Date:

IV. SUPERVISOR REVIEW AND APPROVAL

Name:

Title:

I have reviewed and approved this telecommute agreement.

Date:

V. MANAGER REVIEW AND APPROVAL

Name:

Title:

I have reviewed and approved this telecommute agreement.

Date:

VI. DIVISION DIRECTOR REVIEW AND APPROVAL

Name:

Title:

I have reviewed and approved this telecommute agreement.

Date:

VII. APPOINTING OFFICER/DESIGNEE REVIEW AND APPROVAL

Name:

Title:

I have reviewed and approved this telecommute agreement.

Date: