

John Carroll University

Telecommuting Request and Checklist

I. General Information- Supervisor and Employee will work together to fill out sections I, II, and III.	
Today's Date:	
Employee Name:	
Employee Banner ID:	
Position:	
Department:	
Office Phone:	
Supervisor's Name:	
Home Location:	
II. Describe how the current job will be adapted to telecommuting:	
Telecommuting beginning date: _____ ending date: _____	
III. Please explain how performance will be monitored and the criteria that will be used to measure performance:	

Work Conditions & Safety Checklist Required for Telecommuting Arrangement – employee and supervisor to initial appropriate box.	YES	NO
1. Are the job duties conducive for telecommuting?		
2. The employee reviewed and understands the telecommuting policy?		
3. The employee understands job responsibilities and their schedule of assigned hours during which they will be available by phone or email and job responsibilities.		
4. Requirements for adequate and safe office space at the Approved Alternative Work Site have been discussed with the employee, and the employee acknowledged that those requirements have been met and will continue to be met. Employee was asked whether he/she has any safety concerns or special requests.		
5. The employee confirms they have a working phone and internet connectivity at the Alternative Work Site.		
6. The employee understands and agrees that anyone from John Carroll University System may visit the Approved Alternative Work Space to monitor productivity, confirm adherence to applicable laws and policies, and investigate on-the-job accidents and injuries, and understand that this does not alleviate their full responsibility for maintaining a safe workspace, in accordance with John Carroll University standards.		
Employee Signature _____ Date _____		
IV. Approvals		
The proposed telecommuting arrangement has been reviewed and approved by the Supervisor, Division Vice President and the Assistant Vice President, Human Resources. Employee acknowledges that the telecommuting arrangement may be altered or discontinued at any time by the supervisor or Divisional Vice President, based on University needs or changing circumstances.		
Supervisor _____ Date _____		
Divisional Vice President _____ Date _____		
AVP of Human Resources _____ Date _____		