

**Wyoming Department of Health**  
**Telework Wyoming Program**  
Employee Application Form

Participation in the Telework Wyoming Program is Strictly at the discretion of the Department and that such participation may be terminated at the sole discretion of the Wyoming Department of Health.

**Employee must complete Sections I and II.** Upon completion of Sections I and II, submit this application to your supervisor and a copy to the Human Resources Division. If you are selected for possible participation in the Telework Wyoming Program, both you and your supervisor will need to complete Section III of this application.

**Section I. Employee Information**

\_\_\_\_\_  
Employee Name                      Retirement No.                      Title

Wyoming Department of Health      048  
Agency Name                      Agency Number                      Division

\_\_\_\_\_  
Supervisor=s Name                      Supervisor=s Title

Supervisor=s Work Phone Number

\_\_\_\_\_  
Present Work Address (physical address and box no., city, state, zip code)      Present Work Telephone Number

\_\_\_\_\_  
Proposed Telework Address (physical address and box no., city, state, zip code)      Proposed Work Telephone Number

Is the Telework address: (check one)  Home     Other State Office     Satellite Office

Other:(explain)

\_\_\_\_\_  
Proposed Telework Fax Number                      Internet Address                      Do you have a PC modem?    Yes    No

Proposed remote work days: (Please circle)      Sun    Mon    Tues    Wed    Thurs    Fri    Sat

Per State of Wyoming Personnel Rules, Department of Administration & Information, effective December 7, 2001, Chapter 18 (Alternative Work Schedules), Section 1 (Telework), (e) Telework Options, (i) Regular, (A) Scheduling, I approve the requesting employee listed in this application to work five (5) days per week, as circled above.

\_\_\_\_\_  
Brent D. Sherard, M.D., M.P.H., Interim Director

Proposed remote working hours (fixed): \_\_\_\_\_.

Describe the type of work you propose to do at the telework site versus the regular work office? (Attach additional sheets, if necessary.)

## **Section II. Telework Proposal**

*(If additional sheets are needed, please attach and include the employee name and retirement number.)*

### **Self-Evaluation**

Explain why you would be a good candidate for the Telework Program in regard to the following categories?

Motivation and responsibility

Working independently

Personal organization skills

Your productivity, if you have blocks of uninterrupted time for high concentration

Supervision required

Visibility in the organization

### **Position Evaluation**

Can your job tasks be performed independently with minimal support from other people or resources?

Yes No

Do you use information that is highly confidential or requires security?

Yes No

Would you need this information in order to perform your job tasks at your telework site?

Yes No

Does your job require you to have access to specialized office equipment, supplies, or documents that cannot be easily relocated from the work place to the telework site? Please explain and how often do you use them?

### **Communication**

How would you handle meetings that are scheduled on one of your telework days?

Does your job require you to have constant interaction with others in the office, or face-to-face contact in order for you to effectively perform your job duties? Yes No If yes, explain your extent of contact, and how you would successfully substitute this contact.

List the individuals, departments or other contacts that you regularly work with that need to know your telework schedule?

Briefly explain what other essential information they will need to know and how will you get this information to them? (Will you use E-mail, phone, mail, fax, etc.?)

## **Section II. Telework Proposal -continued**

*(If additional sheets are needed please attach and include the employee name and retirement number.)*

### **Transportation**

Regardless of how you get to work, estimate the following for a commute to work one way.

How many minutes: \_\_\_\_\_ How many miles: \_\_\_\_\_  
How much do you spend on parking per day? \_\_\_\_\_ Do you car pool? Yes No

### **Remote Office**

Describe your remote office and draw a diagram below.

Draw a diagram of your telework office.

List what kind of telework office equipment, software, or furniture you will need and what you will provide?

Describe how will you secure the equipment, documents, and information from unauthorized access in your telework site?

Do you require frequent use of a telephone?		Yes	No
Will you require a separate telephone line for home office use?	Yes	No	
Are you willing to have your telework site inspected for compliance with the Telework Guidelines?		Yes	No
Will other household members be willing to work with your schedule?		Yes	No
Will you have distractions at the telework site that may interfere with the performance of your job duties?		Yes	No

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I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I have read, understand the Telework Wyoming Guidelines and the Memo of Understanding. If I am selected to participate I agree to abide by these rules and responsibilities. I also understand that teleworking is neither a universal employee right or benefit and that it may be terminated at any time by the agency, supervisor, or the employee.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Section III. Telework Planning** To be completed jointly by employee and supervisor.

*(If additional sheets are needed please attach and include the employee name and retirement number.)*

Describe the expectations, methods of planning and monitoring the performance of the employee. (Examples: Performance standards, goals, projects, schedules, arrangements, briefings, telephone, E-mail, etc.)

Describe the methods of communication between the employee and the supervisor using such communication devices as the telephone, pagers, cell phone, etc.

Describe how the office staff, departments, and other contacts that you regularly work with, will communicate with the teleworking employee regarding such items as correspondence, telephones calls, mail, etc..

Describe how the employee will be included in the informal events, meetings, and social gatherings of the office.

How much notice must be given by the employee if they are unable to be in the office on the designated day(s)?

Describe the requirements or arrangements if the employee is called into the office during the telework day.

Will the employee=s Agency provide home office equipment, software, or furniture for the teleworking employee? If so, please list the proposed item(s).

***If the employee is approved to participate in the Telework Wyoming Program, submit this application and a signed Telework Wyoming Memo of Understanding, including Attachment A if equipment is provided, to the Human Resources Division. Retain a copy of both for the employee=s personnel file.***

Employee Signature	Date	Supervisor Signature	Date	<input type="checkbox"/> Recommend Approval
				<input type="checkbox"/> Recommend Disapproval
Administrator Signature	Date			<input type="checkbox"/> Recommend Approval
Deputy Director Signature	Date			<input type="checkbox"/> Recommend Disapproval
				<input type="checkbox"/> Recommend Approval
				<input type="checkbox"/> Recommend Disapproval
WDH Office of Human Resources	<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Initials	
Date Telework Begins:		Date Telework Expires:		
_____ Brent D. Sherard, M.D., M.P.H., Interim Director				<input type="checkbox"/> Approve  <input type="checkbox"/> Disapproval
_____ Date Signed				