DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2619 (02/06)

STATE OF WISCONSIN

TELEWORK APPLICATION

In order to determine eligibility for telework, the potential teleworker must complete, submit and discuss this application with their supervisor. This will assist in examining the feasibility of a telework arrangement. This is only an application. Approval of a teleworking arrangement can not begin unless a Telework Agreement is signed by the employee and the supervisor.

Name – Employee	Region

Job Classification	Bureau / Section / Unit

Home / Alternate Worksite Address	Telephone No. (land line) – Home / Alternate Worksite

Have you read and do you understand the Telework Policies and Procedures? ☐ Yes ☐ No

Do you meet the criteria set forth in the policy? ☐ Yes ☐ No

If you answered **NO** to either question above,
<u>do not</u> proceed with the application process until you can answer **YES** to both questions.

Estimated average amount of time you **propose to** spend in the field each week.	
Estimated average amount of time you **propose to** spend at an alternate worksite each week.	
Estimated average amount of time you **propose to** spend in the office each week.	

Yes	No	The Department will be responsible for injuries under Worker's Compensation. Work place safety is a high priority. Check Yes or No for each question below:
☐	☐	Is there a private and secure office area in your home / alternate worksite?
☐	☐	Are you able to meet the Safety and Ergonomic requirements listed in the checklist? If unable to meet all requirements, note them in the checklist comment section.

IDENTIFY THE EQUIPMENT YOU WILL NEED TO COMPLETE YOUR JOB TASKS WHILE TELEWORKING

Equipment	State Owned and Currently Have	Personally Owned and Currently Have	Do Not Have and Will Need	Do Not Need
Computer Laptop	☐		☐	☐
Printer	☐	☐	☐	☐
Scanner / Copier	☐	☐	☐	☐
Fax Machine	☐	☐	☐	☐
Cell Phone	☐	☐	☐	☐
State Phone Calling Card	☐		☐	☐
Other (specify below)	☐	☐	☐	☐

Estimated average number of pages printed per month while you are teleworking. Identify the types of documents that will be printed.

If a scanner/copier or fax machine is needed, explain how you will use the equipment and identify the names of specific documents.

Name – Your Local Telephone Company	Telephone Number – Telephone Company

Check the ISP connection methods available in your home area and can be installed in your home.
☐ Cable　　　☐ DSL　　　☐ Don't Know

Do you currently have an Internet Service Provider (ISP) other than dial-up? ☐ Yes　　☐ No
If **YES**, complete the following:

Method of connection ☐ Cable　☐ DSL　☐ Satellite	Connection Speed	Service Level	Cost Per Month
Name - Service Provider	Telephone No. – Service Provider	Do you have a router in your home you can connect to? ☐ Yes　　　☐ No If yes, do you have wireless access in your home? ☐ Yes　　　☐ No	

Indicate the DHFS network computer programs or applications you need access to on the days you telework. Estimate the length of time you will use these programs or applications each day. Check one box in each row.

Program / Application	< 30 min / day	30-60 min. / day	1-2 hrs. / day	> 2 hrs. / day	N-A
GroupWise	☐	☐	☐	☐	☐
Network Directories and Files	☐	☐	☐	☐	☐
Internet	☐	☐	☐	☐	☐
Time and Task	☐	☐	☐	☐	☐
Other - specify:	☐	☐	☐	☐	☐
Other - specify:	☐	☐	☐	☐	☐
Other - specify:	☐	☐	☐	☐	☐
Other - specify:	☐	☐	☐	☐	☐

List examples of the tasks, duties, and work you plan to perform while working at the alternate worksite.

List other reasons you may have for teleworking.

SIGNATURE - Employee	Date Signed

SUPERVISOR REVIEW

Did the Division's Security Officer (or BQA Security Officer) verify all required applications can be effectively accessed remotely?
☐ Yes　　　☐ No

If "no," list reason(s):

☐ Approved ☐ Denied	Reason(s) for denial:

SIGNATURE - Supervisor	Date Signed