Telework Application

Employee Information

Name
Campus Area Code and Phone
Department Name and Address

Proposed Telework Site (check all that apply) __Home  __Other
Telework Address
City/Zip Code
Telework Area Code and Phone
Fax  Pager

☐ Check here if the telework site is outside of Arizona or outside of the United States. Please indicate name of state, country or international locale.

Employees should contact Employee and Career Advising and managers should contact Consulting Services in Human Resources or, if working in a college of the Arizona Health Sciences Center, they should contact HR@AHSC for further information.

In addition to my manager, the following people (e.g. co-workers) are authorized to contact me at my telework phone number

Telework Information

Proposed Start Date
Proposed End Date (if indefinite, please indicate such)
Round Trip Miles Saved Per Week
Hours of Travel Time Saved Per Week
How will telework help you to better fulfill your position’s duties and obligations?

Telework Schedule

When do you propose to telework? (check all that apply)
__Monday  __Tuesday  __Wednesday  __Thursday  __Friday  __Variable/Seasonal (specify)

Describe the daily schedule:

<table>
<thead>
<tr>
<th></th>
<th>Start</th>
<th>End</th>
<th>Total Hours Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hours</td>
<td>AM</td>
<td>PM</td>
<td>Hours</td>
</tr>
<tr>
<td>Meal Break</td>
<td>AM</td>
<td>PM</td>
<td>Hour(s)</td>
</tr>
<tr>
<td>Core Hours</td>
<td>AM</td>
<td>PM</td>
<td>Hours</td>
</tr>
</tbody>
</table>
Tasks or assignments to be completed on telework days (e.g., planning, reading, budgeting, data entry, word processing, contacting customers, analysis, preparing contracts or documents)________________________

Dependent Care

Do you have dependents, such as children or older adults, requiring care during telework hours?  □ Yes □ No

If “yes,” do you have an available care provider(s) to relieve you of primary-care responsibilities during telework hours? □ Yes □ No

Contact Information

How can you be contacted when you telework?

□ Telephone_________________________ □ Voice Mail/Answering System_________________
□ E-Mail Address______________________ □ Other____________________________

Equipment/Services to be Used at the Telework Site

What equipment and software do you propose to provide? (check all that apply)

□ Telephone □ Voice Mail □ Additional Phone Line □ Office Furniture
□ Fax Machine □ Pager □ Internet Service Provider □ Other (specify)

□ Computer (Type and Model)_________________________________________
□ Modem (Type and Model)_________________________________________
□ Printer (Type and Model)_________________________________________
□ Surge Protection (Type and Model)_________________________________
□ Operating System_________________________________________________
□ Software________________________________________________________
□ Other Equipment__________________________________________________

Request remote access? □ Yes □ No

What equipment and software do you propose The University of Arizona provide? (check all that apply)

□ Telephone □ Voice Mail □ Additional Phone Line □ Office Furniture
□ Fax Machine □ Pager □ Internet Service Provider □ Other (specify)

□ Computer (Type and Model)_________________________________________
□ Modem (Type and Model)_________________________________________
□ Printer (Type and Model)_________________________________________
□ Surge Protection (Type and Model)_________________________________
□ Operating System

□ Software

□ Other Equipment

Request remote access? □ Yes □ No

Data Management

Will telework include accessing, viewing, printing, or other possession of data or documents that contain “Confidential University Data,” as defined in Standard IS-S302 from the UA Information Security Office? □ Yes □ No

If “yes,” describe how confidential data will be secured from other occupants of the telework site:

Will other occupants of the telework site have access to computer systems used for telework? □ Yes □ No

I agree to abide by and operate in accordance with the terms and conditions described in this agreement. I have read the Flexible Work Arrangements Guide and understand the requirements and obligations I am expected to accept and meet as an employee of The University of Arizona.

Employee Signature __________________________ Date ____________

Information Systems Review

System resources (such as computer equipment and software) are consistent and compatible with our department/college standards. □ Yes □ No

System meets our requirements for remote access. □ Yes □ No

System and data management plan meets UA requirements for data security. □ Yes □ No

Comments______________________________

Manager Signature __________________________ Date ____________

Manager Review

Telework Proposal Approved □ Yes □ No

Manager Signature __________________________ Date ____________