

INSTRUCTIONS:

- Complete the form on-line;
- Print;
- Forward hard-copy document to your supervisor.

Telework Plan

Name of Teleworker: _____
Telework Office
Address: _____
Telework Office
Phone: _____ Cellular Phone: _____
Telework E-Mail
Address: _____
Assigned Office
Address: _____
Assigned Office
Phone: _____ Office Fax Number: _____

Name of Immediate
Supervisor: _____
Section/Branch
Name: _____
Supervisor's Phone: _____
Supervisor's Office
Address: _____

Telework Areas:

Specifically identify the area(s) in your home where you will Telework:

Work Schedule:

Telework days are to be scheduled in advance and must be approved by the immediate supervisor. Any change in the agreed upon schedule must be approved, in advance, by the supervisor. When the change is made permanent, it must be documented and appended to the Teleworker's Plan.

Employees covered by the Fair Labor Standards Act (Work Week Group 2) are not authorized to work more than a total of 40 hours per work week, unless additional hours of work or an alternate work week schedule are pre-approved by the employees' immediate supervisor.

Telework Activation Date:

Telework Termination Date:

Ongoing (To be reviewed annually)

Specify the telework days and hours of work:

Monday: a.m. p.m. to a.m. p.m.
Tuesday: a.m. p.m. to a.m. p.m.
Wednesday: a.m. p.m. to a.m. p.m.
Thursday: a.m. p.m. to a.m. p.m.
Friday: a.m. p.m. to a.m. p.m.

- This arrangement must be reviewed and renewed no less than annually to ensure that all information remains current.
- Use of annual leave, vacation, CTO, other leave credits or overtime to be worked must be approved in advance by the immediate supervisor. Sick leave shall be used in accordance with the employee's collective bargaining agreement.
- It is understood that, at certain times, it may be necessary for the telework schedule to be revised in order to ensure critical deadlines are met or to attend meetings.
- Should any conflict exist between the language of this policy and the language of the employee's applicable MOU, the language of the MOU shall prevail.

I have read and understand the Cal/EPA Telework Program Policy and Procedures and related instructions. I understand that I must abide by those instructions and procedures to participate in the telework work option and failure to do so may result in the termination of my participation in the program.

<input type="text"/>	<input type="text"/>
<i>(Teleworker)</i>	<i>(Date)</i>

Recommended:

<input type="text"/>	<input type="text"/>
<i>(Supervisor)</i>	<i>(Date)</i>

Approved:

<input type="text"/>	<input type="text"/>
<i>(Deputy Director/Division Chief/Designee)</i>	<i>(Date)</i>