



County of San Bernardino Telecommuting Program

AUTHORIZATION FORM
(Please print or type requested information.)

Group\Department\Division _____ Date _____

Telecommuter

Employee Number

Assigned Office Address:

_____ (____) _____

Street City Zip Phone

Telecommuting Address:

_____ (____) _____

Street City Zip Phone

1. Describe the work area within the telecommuting address (e.g., spare bedroom on the North side of the house or corner of the master bedroom):

2. Telecommuting is approved for the following day(s): Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

3. Normal Telecommuting hours will be:

Prior approval is required from the telecommuter's immediate supervisor for any changes to the above schedule.

4. Describe the work to be performed as a telecommuter:

5. Describe how the telecommuter's absence will be handled within the traditional office:

6. List equipment and/or computer software, if any, to be provided by a) the department and b) the employee:

a) _____
b) _____

- 7. The cost of long distance phone calls made by the telecommuter for County business will be paid (check one) ___ by County calling card; ___ by the employee and reimbursed by the County.
- 8. The telecommuter will be reasonably available by phone during the agreed upon hours when telecommuting. The telecommuter will contact the office to obtain messages at: _____
- 9. All office supplies needed at the telecommuting location will be obtained from the traditional office.

Additional Conditions of Approval:

By signature below, the employee agrees to report any changes in the above information in advance. The employee understands that telecommuting is a management prerogative which may be terminated.

Approved by: _____ **Date** _____

Title

Immediate Supervisor

Approved by: _____ **Date** _____

Title

Division Chief / Manager

Approved by: _____ **Date** _____

Title

Department Head

Employee: _____ **Date** _____

Title