

TELECOMMUTING APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

The decision to telecommute should be based on the ability of an employee to work in a setting that may be in his or her home or other approved area, without on-site supervision. The following tool can be used by an employee as a basis for discussing the option of telecommuting with a supervisor. The employee should submit the application to a supervisor for evaluation and final approval by the agency head or his/her designee. The decision whether to approve or deny a Telecommuting Application is at the discretion of the agency. **There is no right or entitlement to telecommute regardless of the responses to the application.**

Please answer the following questions rating your abilities, using the following scale:

5 – Always	4 – Usually	3 – Sometime	2 – Rarely	1 – Never
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1. I can develop regular routines and am able to set and meet deadlines. I am self-motivated, self-disciplined and able to work independently, completing projects on time with minimal supervision and feedback. I am capable of being productive when no one is checking in or watching at work.

Employee Rating:

Supervisor Rating:

2. I have strong organizational and time-management skills and am results-oriented. I will remain focused on work while telecommuting and not be distracted by television, housework, visiting neighbors, etc. I will manage my time and workload well, solve many of my own problems and find satisfaction in completing tasks on my own. I am comfortable setting priorities and deadlines and can keep my sight on results.

Employee Rating:

Supervisor Rating:

3. I am comfortable working alone, can adjust to the relative isolation of working at home, and can set a comfortable and productive pace while working at home.

Employee Rating:

Supervisor Rating:

4. I have a good understanding of the organization's culture and environment. I am knowledgeable about the organization's procedures and policies and have been on the job long enough to know how to do my job in accordance with those policies.

Employee Rating:

Supervisor Rating:

5. I have effective working relationships with co-workers and will be able to maintain such communications while telecommuting.

Employee Rating:

Supervisor Rating:

6. I am adaptable to changing routines and environments and have demonstrated an ability to be flexible about work.

Employee Rating:

Supervisor Rating:

7. I am an effective communicator. I have demonstrated effective communication between supervisors and co-workers, and I am comfortable using various methods of communication.

Employee Rating:

Supervisor Rating:

8. I am in good standing with the agency on my previous and current performance reviews and have no recent disciplinary actions.

Employee Rating:

Supervisor Rating:

9. Is my job appropriate for telecommuting? *(Check those that apply)*

My job responsibilities are arranged so that there is no difference in the level of service provided to the customer regardless of work location.

My job has minimal requirements for on-site supervision or contact with the customer.

My job requires low face-to-face communication, and I have the ability to arrange days when communication can be handled by telephone, email or other electronic means.

My job has minimal requirements for special equipment.

I am able to define tasks and work products with measurable work activities and objectives.

I am able to control and schedule workflow.

10. Is my alternate workplace an appropriate environment for telecommuting? *(Check those that apply)*

I have a safe, comfortable workspace where it is easy to concentrate on work.

I have the appropriate level of security required by the agency.

I have the necessary office equipment and software that meet agency standards.

I have a telephone, with separate home office line if required, an answering machine or voicemail, and sufficient internet access and speed.

I have household members who will understand I am working and will not disturb my work.

I understand that I am prohibited from providing dependent care (either to a child or an adult) during work hours. I understand that all personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., must be done only during established break times, lunch time and before and after work hours.

I understand and agree that I must use accrued leave when providing dependent care or when addressing other personal responsibilities during work hours. This includes time spent caring for an ill household member or other person.

I certify that my home or rental insurance does not prohibit a home office.

I have reviewed the relevant zoning requirements to ensure a home office is permitted.