### TO BE COMPLETED BY SUPERVISOR

A. □ Approved
   □ Denied
   (Talked to employee on ____________ outlining reasons for denial)

B. A copy of request form and approval/denial is to be sent to the employee and the Personnel Office.

---

### Northland Community and Technical College
Telecommuting Request Form

| Name: ____________________________ | Date: ____________________________ |
| Classification: __________________ | Office Telephone #: __________________ |
| Supervisor’s Name: __________________ | Office Telephone #: __________________ |
| Section/Unit: ____________________ | ____________________ |

Requested Telecommuting Schedule:  

- □ On a weekly basis: M T W Th F S Su
- □ On a monthly basis: (regular commuting days, e.g., 1st Tuesday of the month)
  
  Please specify:
  ____________________________________________________________
  ____________________________________________________________

---

1. Give a summary of your job responsibilities:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Who are your primary “customers”?

______________________________________________________________________________
______________________________________________________________________________

3. How often do you interact with your primary customers and Northland Community and Technical College employees?

______________________________________________________________________________
______________________________________________________________________________  

---
4. Which of your job tasks and percent (%) of time for each could be done away from the office?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. How often do you use special equipment (facsimile machine, copy machine, etc.) or any central files?
______________________________________________________________________________
______________________________________________________________________________

6. What information, advice or input would you need from your supervisor to make telecommuting work for you?
______________________________________________________________________________
______________________________________________________________________________

7. What criteria could be used by your supervisor to evaluate your performance and productivity if you were telecommuting?
______________________________________________________________________________
______________________________________________________________________________

8. How do you think telecommuting will affect the work of others in your unit/department?
______________________________________________________________________________
______________________________________________________________________________

9. What do you see as the expected benefits to Northland Community and Technical College if you telecommuted?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. What characteristics do you possess that you feel would make you a good candidate for telecommuting?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Have you ever participated in telecommuting before?  ☐ No  ☐ Yes  Please explain.
______________________________________________________________________________
______________________________________________________________________________
12. What equipment would you need to perform your job at home, and of those items, which do you currently have at home?

<table>
<thead>
<tr>
<th>Specification</th>
<th>Need</th>
<th>Have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional requirements</th>
<th>Need</th>
<th>Have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional telephone line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facsimile machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typewriter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desk, file space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Please describe a space at your home that could be dedicated as work space to house equipment, files and supplies.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

14. Do you need physical security for any information, materials, or data that you may use at home? If yes, how would you maintain it?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

15. If applicable, what dependent or eldercare arrangements have been made to ensure no interference with your work?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

May 2006