

Disclaimer

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Employee Information

USC ID:	Name (Last, First, Middle):
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Supervisor:	Campus:
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Employees who wish to telecommute and who work in a campus, college or division which has instituted a telecommuting plan should complete this form and submit it to their supervisor for review.

Employees and supervisors should schedule a time to discuss the feasibility of this telecommuting request. This conversation should cover the skills, abilities, and traits that employees need to be a successful telecommuter. It should also cover whether the job duties can be adequately performed while telecommuting, and the environment where the remote work will occur. Employees and supervisors may use this optional Assessment Tool to help guide this discussion.

All Telecommuting arrangements must be based on clearly defined and measurable benefits for the university and taxpayers. It is important to remember that even if a particular position can be performed successfully through telecommuting, that does not necessarily mean the employee should be allowed to telecommute. The decision to allow some employees to telecommute and not allow other employees to telecommute is within the leadership at your campus/college/division discretion.

Employee Review

I have reviewed and understand the [Telecommuting Policy](#).

I have reviewed and understand the [Telecommuting Agreement](#).

I have reviewed the information provided on the [telecommuting webpage](#).

Personal Certification

Please Check All That Apply to You:

I believe I demonstrate the characteristics necessary to be a successful telecommuter.

I am self-motivated, self-disciplined and able to work independently and meet deadlines even when no one is watching

I have strong organizational, problem-solving and time management skills.

I am flexible, an effective communicator and have good working relationships with co-workers.

I believe my job is appropriate for telecommuting and demonstrated my ability to be flexible about work.

I have an alternate work location that will be appropriate for telecommuting.

Employee Signature:	Date:
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