

**Texas Department of Criminal Justice
Telework Request**

Employee Name: _____ Division: _____

Payee ID: _____ Unit/PDC: _____

Telework Schedule Requested: Frequency: _____ Hours of the Day: _____

Is this a renewal request? Yes No

I. Equipment and Services Required:

Equipment Required	Not Applicable (N/A)	Provided by Employee	Provided by Agency	
			Already Assigned to Employee	Additional Equipment Needed
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desktop/Laptop Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>		
High Speed Internet Connection	<input type="checkbox"/>	<input type="checkbox"/>		
Antivirus Software <i>(screenshot required if provided by employee)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VPN Client Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Desktop Protocol (RDP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Details for Telework Request:

Describe in detail the reason for the telework request.

Describe any known scheduling and reporting expectations that limit the telework agreement.

III. Job Tasks:

Describe the duties that will be performed while teleworking (based on the current job description).

Describe reporting and approval requirements concerning work assignments that may be affected by teleworking and how they will be addressed.

IV. Acknowledgement:

I understand that I must meet or exceed productivity standards and/or project deadlines while teleworking. I understand that my failure to abide by all policies and procedures, including those related to the use of accrued leave, conduct, and work schedule, may result in my removal from the teleworking program. I further understand that teleworking is voluntary and may be terminated at any time. If approved to telework, I am responsible for securing Internet connectivity and will not be reimbursed for this expense.

Employee Signature _____ Date

V. Recommendations for Approval:

Team Lead/Supervisor Signature Printed Name Date Yes No

Deputy Division Director or Designee Signature Printed Name Date Yes No

Division Director Signature Printed Name Date Yes No

Chief Financial Officer Signature Printed Name Date Yes No

Executive Director, TBCJ HR Comm Chair, or Designee Signature Date Yes No

Note: If the supervisor and deputy division director do not approve the telework request, further approval with the division director is not required.

VI: Comments from Approval Authority

Distribution:
Division Director
Employee
Supervisory File for Employee