

**Texas Department of Criminal Justice  
Telework Request**

Employee Name: \_\_\_\_\_ Division: \_\_\_\_\_

Payee ID: \_\_\_\_\_ Unit/PDC: \_\_\_\_\_

Telework Schedule Requested: Days of the Week: \_\_\_\_\_ Hours of the Day: \_\_\_\_\_

**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. 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.

---

---

---

**III. 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 TDCJ 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

**Recommendations for Approval:**

\_\_\_\_\_  
Team Lead/Supervisor

\_\_\_\_\_  
Date

Yes ☐ No ☐

\_\_\_\_\_  
Deputy Division Director or Designee

\_\_\_\_\_  
Date

Yes ☐ No ☐

\_\_\_\_\_  
Division Director

\_\_\_\_\_  
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.

Distribution:

Original – Employee's Master Human Resources File

Copy – Division Director, Employee, and Unit or Department Human Resources File