



Continuation of Emergency Telecommuting Request Form

Employee Name: _____ Emp ID # _____

Supervisor/Manager: _____

Department: _____

Considerations

It may be suitable for some employees to continue to telecommute on a full or part-time basis to deal with immediate issues pertaining to health or childcare, provided that productivity and operational effectiveness can be maintained. Telecommuting employees must continue to remain available during regular working hours, be responsive to email and phone communication, and provide regular check-ins with their supervisor to monitor work productivity. **Employees may be directed to the workplace in either their department or as a Disaster Service Worker.** Employees need to adhere to the requirements outlined in the Emergency Telecommuting Agreement.

Some considerations for allowing telecommuting include:

- The department has work available that can be completed via telecommuting, or the employee's position is suited for telecommuting.
- There are clearly defined tasks and work products, measurable work activities, and objectives with identifiable time frames and check points.
- There are minimal requirements for frequent access to hard copy files or special equipment.
- Employee needs to stay home for considerations such as health or child supervision (if employee cannot work while providing childcare, he/she should use available leave under FFCRA).
- The department is not negatively impacted by a lack of office coverage or the incompleteness of tasks which cannot be handled remotely. In this instance, telecommuting options will be much more limited.
- Remote options will not be available where there is a lack of work to be performed (e.g., idle time).

Employees may need to be in the office to maintain operational effectiveness and efficiency. Such examples include the need to interact with the public (over the phone, by appointment, etc.), the need to process mail and paperwork, to provide administrative support, and for tasks which cannot be efficiently completed remotely.

Request

I am requesting consideration to continue emergency telecommuting for the following reason:

High-risk group Childcare Other (specify): _____

I am requesting to continue telecommuting on the following basis:

Full-time (I will not be able to come into the worksite)

Part-time (I can combine onsite work and telecommuting)

Proposed schedule: _____

Dates Requested From: _____ To: _____

List of assigned responsibilities I can complete remotely:

List of assigned responsibilities I cannot complete remotely without assistance from on-site employees:

Additional explanation to support request (optional):

By submitting this request, I certify that I have enough work to complete remotely during the period I am requesting telecommuting and that I will be responsible for communicating what I am working on with my supervisor on a daily basis. I understand that my request may not be approved where the needs of the department may not be met.

Signature: _____ Date: _____

Departments must consider operational effectiveness and efficiency, including the need to ensure proper departmental coverage, workflow, and administrative support prior to continuing telecommuting. Department must have enough remote work to support approved basis.

Department Use

___ Employee is approved to telecommute on the following basis/schedule:

Effective Dates _____ to _____

(Department and employee may need to sign a new emergency telecommuting agreement)

OR

___ Employee is not approved to telecommute.

Justification: _____

Supervisor: Signature _____ Date _____

Department Head: Signature _____ Date _____

Note other options employees may be eligible for:

- Emergency leave under FFCRA
- Use of accruals
- FMLA
- Reasonable Accommodation under ADA

EMAIL COMPLETED FORM TO CATHERINE_SELKIRK@CI.RICHMOND.CA.US