



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #111 A3**

TELEWORK WORKSPACE SELF-CERTIFICATION

Employee Name: _____ Date: _____

Division/Office: _____ Organizational Unit: _____

Manager/Supervisor Name: _____ Manager/Supervisor Phone Number: _____

Telework Address: _____

County: _____ Telework Phone Number: _____

Where is the telework site located? Check the box with the appropriate option.

Employee Home

Satellite Office

Describe your designated workspace at the telework site. (e.g. Specify if your workspace is in the living room, basement, family room, dining room of your home or the floor, suite, cubicle number of a satellite office.)

Please answer the following questions about your designated workspace. It will assess the overall safety of your telework site.

Is your chair adjustable? Yes No

Do you know how to adjust your chair? Yes No

Does your chair have any loose wheels? Yes No

Are the legs of the chair sturdy? Yes No

Is your back adequately supported by a backrest? Yes No

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- Are your feet on the floor or fully supported by a footrest? Yes No
- Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes No
- Is your workspace space neat and clean? Yes No
- Is your workspace free of excessive amounts of combustibles? Yes No
- Is the temperature, noise ventilation and lighting levels adequate for maintaining your normal level of job performance? Yes No
- Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? Yes No
- Are you satisfied with the placement of your laptop and chair? Yes No
- Is it easy to read the text on your screen? Yes No
- Do you need a document holder? Yes No
- Do you have enough leg room where you are sitting at your telework site? Yes No
- Is the laptop screen free from noticeable glare? Yes No
- Is there space to rest your arms, while not typing? Yes No
- When typing, are your forearms close to parallel with the floor? Yes No
- When typing, are your wrists fairly straight? Yes No

I certify that all information contained in this certification is true and complete to the best of my knowledge. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my exclusion from telework and may lead to corrective or disciplinary action.

Employee Signature: _____ **Date:** _____

Manager/Supervisor Signature: _____ **Date:** _____

A copy of this completed form must be provided to the employee, kept by the manager/supervisor and forwarded to OHRPersonnelRecords@dhs.ga.gov for placement in the employee’s personnel file.