



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #111 A4**

TELEWORK APPLICATION

To Be Completed by Employee:

Name: _____

Job Title: _____ Work Location: _____

Work Phone: _____ Work Email: _____

Please read and select the appropriate option by placing a check mark.

I am requesting approval to telework: Full-Time Part-Time

I am requesting to telework: Continuously Occasionally

My normal workday is: 8 Hours 9 Hours 10 Hours

My signature below indicates I have read the Telework Policy, Telework Guidelines and agree to comply with all provisions in these documents. Attached with this application are my completed Telework Self-Assessment and Telework Workspace Self-Certification.

Employee Signature: _____ **Date:** _____

To Be Completed by Manager/Supervisor:

Name: _____

Job Title: _____ Work Location: _____

Work Phone: _____ Work Email: _____

I reviewed the position, eligibility requirements, organizational needs, and the employee's Telework Self-Assessment and Telework Workspace Self-Certification. Based on this review, telework is:

Approved Denied

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

