

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

## **TELEWORK APPLICATION**

To Be Completed b	y Employee:			
Name:				
Job Title:		Work Location:		
Work Phone:		Work Email:		
Please read and sele	ect the appropriate op	tion 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
comply with all provi	sions in these docume	the Telework Policy, Te ents. Attached with this Workspace Self-Certific	application are my	•
Employee Signature:			Date:	<del>-</del>
To Be Completed b	y Manager/Supervis	or:		
Name:				
Job Title:		Work Loca	ation:	
Work Phone:		Work Ema	ail:	
		ents, organizational nee Workspace Self-Certific oved		
Manager/Superviso	or Signature:		Date:	

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Next Review Date: 05/05/26

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If denied, comments outlining the reason(s) for the decision are to be documented below and returned to the employee. This decision is final *and is not appealable*, *grievable or subject to review*.

Comments:

A copy of this completed form must be provided to the employee, kept by the manager/supervisor, and forwarded to <a href="https://orwardecommons.org/learness/by-nc-4">OHRPersonnelRecords@dhs.ga.gov</a> for placement in the employee's personnel file.

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