



MCSD Telecommuting Request Form

Employees requesting to telecommute for non-medically related purposes must complete this form and provide as much advance notice as is reasonably practicable to review the request. Upon completion of this form, submit it via email to Human Resources at LeaveSpecialist@muscogee.k12.ga.us

Employee Information:					
Name:		Empl ID#: <i>If available</i>		Work Location	
Address:					
Job Title:		Phone:		Email:	
Emergency Contact Information:					
Name:		Phone:		Email:	
Supervisor Information:					
Name:		Phone:		Email:	

1. I request to telecommute on the following basis *(Please select one)*:

Regular

Occasional

2. I request to telecommute on the following days: *(Select all that apply)*

Monday

Tuesday

Wednesday

Thursday

Friday

3. I request to telecommute during the following hours: *(i.e 8am-5pm, 1p-5p, etc.)*

Monday

Tuesday

Wednesday

Thursday

Friday

4. I request to begin telecommuting on: _____ and continue until: _____

5. I intend to telecommute from *(specify location/s and address/es)*:

6. I will need the following equipment / supplies in order to successfully telecommute:

7. I will perform the following duties and assignments: *(Please attach additional documentation, as needed)*



Safety Self-Assessment

This document lists areas and items the employee should consider as they determine their alternate work location for telecommuting purposes. Employees should ensure the designated Alternate Work Location is safe, ergonomically suitable, and free from hazards.

Employees must complete this form; in addition to the Telecommuting Request Form, and submit it via email to Human Resources at LeaveSpecialist@muscogee.k12.ga.us

Instructions

For your alternate work location to be deemed safe under District provisions employees must provide a photo or photographs of their workspace at their alternate work location/s.

Safety Best Practices for Telecommuting *(Questions and Recommendations to Consider)*

Below are the best safety practices to keep in mind as you determine your workspace at your alternate work location.

Please note, you must list all alternate work locations on the request form and provide pictures of each location.

- Is your workstation arranged to be comfortable without unnecessary strain on back, arms, neck?
- Are cords, cables, or other items arranged to prevent a tripping hazard?
- Is the lighting adequate for assigned tasks?
- Are there provisions in place to adequately secure equipment and data? *(District personnel will connect through VPN while working on district computer to ensure the security of work-related materials)*
- Is the workspace kept clean from rubbish or other combustible materials?
- Is the workspace separate from major home activity areas?
- Is the work area void of background/distracting noise during work hours?
- Identify a designated access to electrical outlets. *(Please note to be careful not to overload electrical outlets, to avoid fire risk.)*
- Do you have space away from distractions and environment and free of fire and other safety hazards?
- Does your workspace allow you to place objects securely and in a safe distance to minimize reaching?
- Are you able to place their feet entirely on the floor? *(Please note, alternating between sitting and standing throughout the day (move about every hour) to reduce excessive stress on the lower back and legs while sitting.)*
- Do you have a safe location to store laptops and equipment after hours to prevent damage or theft?

Please submit this form to the Division of Human Resources:

2960 Macon Road, 2nd Floor

Columbus, GA 31906

leavespecialist@muscogee.k12.ga.us

Request to Telecommute Acknowledgement

I have read and understand the Telecommuting Policy and I agree to the duties, obligations, responsibilities and conditions described in the Policy.

I understand and agree that effective communication and satisfactory completion of stated duties and assignments are keys to successful telecommuting. I further agree that, among other things, I am responsible for furnishing and maintaining my remote worksite in a safe and professional manner; employing appropriate information protection and security measures; and complying with all other policies and guidelines of the District. I agree to provide access to my work site upon reasonable notice by any agent of the District to conduct inspections as may be deemed necessary.

I agree not to use any District equipment for private purposes, and not to allow family members or friends to access that equipment. I understand that the District may pursue recovery for any District property that is deliberately or negligently damaged or destroyed while in my custody. I shall promptly return all District equipment and data when requested by my supervisor, and agree to follow all software licensing provisions agreed to by the District. I certify that equipment utilized for telecommuting meets the District's telecommuting security standards. I understand that District data that resides on my workstation is owned by the District and subject to existing laws and policies governing the District.

I agree to notify my supervisor promptly when I am unable to perform work assignments due to equipment failure, illness, or other circumstances. I agree that no business meetings will be held in a location other than the approved alternate work location without specific approval of the Division of Human Resources. I agree that travel between the Alternate Work Location and the regular Work Location shall not be reimbursed. I also agree to effectively and efficiently complete the essential functions of my job in order to meet performance and expectation standards set forth by my supervisor during an approved telecommuting accommodation.

I understand that telecommuting is a privilege that requires the approval of my supervisor and Division of Human Resources, which may be withdrawn or modified at such time as deemed appropriate, and that any modifications to this arrangement must be set forth in writing to the Division of Human Resources prior to implementing any revisions. I also understand that except when established for emergency situations, I may end the telecommuting arrangement upon written notice to my supervisor and the Division of Human Resources.

Employee Signature

Date

Please submit this form to the Division of Human Resources:

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Columbus, GA 31906

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