



Telecommuting Request Form

| | | |
|---|-----------------------------|-------|
| USC ID: | Name (Last, First, Middle): | |
| Supervisor: | Campus: | |
| Personal Certification | | |
| <p>Please Check All That Apply To You (for More Information Regarding Telecommuting, Please Refer To HR Policy 1.22):</p> <p>I believe I demonstrate the characteristics necessary to be a successful telecommuter.</p> <p>I am self-motivated, self-disciplined and able to work independently.</p> <p>I have strong organizational, problem-solving and time management skills.</p> <p>I am flexible, an effective communicator and have good working relationships with co-workers.</p> <p>I believe my job is appropriate for telecommuting.</p> <p>I have an alternate work location that will be appropriate for telecommuting.</p> | | |
| Safety Checklist | | |
| <p>My offsite work space has adequate lighting, ventilation and is reasonably quiet and free from distractions. It is a comfortable work space where it is easy to concentrate on work.</p> <p>My offsite work space is maintained in a safe condition, free from hazards and other dangers to the employee and the university's equipment.</p> <p>I have the necessary software and required office equipment with sufficient and safe (grounded) electrical outlets in the offsite work space. All electrical equipment is free of any hazards and is connected to a surge protector as necessary.</p> <p>I will back up data on a university server on a regular basis to ensure the university has such records.</p> <p>I will protect confidential information and keep such information in a secure place (lock and key) when I am not working.</p> | | |
| IT Security Certification | | |
| <p>I certify that I have/will contact the IT security liaison for my organizational unit to ensure compliance with the Secure Remote Access Guidelines before I can begin telecommuting.</p> | | |
| Employee Signature | | |
| <p>I understand it is my responsibility to maintain the safety and appropriate arrangement of my offsite work space, if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting.</p> | | |
| Employee Signature: | | Date: |
| Supervisor Signature | | |
| <p>By signing below, I am indicating that I approve the employee's request to telecommute and have completed the Telecommuting Agreement. If the request is denied, please notate reason and keep in the departmental files.</p> | | |
| Supervisor Signature: | | Date: |