



## STATE OF IDAHO TELECOMMUTING SAMPLE WORK PLAN

### EMPLOYEE INFORMATION:

Name	Title
Job classification	Work phone
Agency	Office location
Division	Department
Supervisor	Agency Appointing Authority/Designee
Implementation dates (start):	(end):
Approved Telecommuting days/hours:	

### TELECOMMUTE WORK PLAN (to be completed by employee and supervisor):

Briefly describe the work that will be allowed during telecommuting:

Briefly describe the telecommuting location and workspace:

### COMMUNICATION EXPECTATIONS:

Phone number and availability: \_\_\_\_\_

Email and availability: \_\_\_\_\_

Text and availability: \_\_\_\_\_

Other/interoffice platforms and availability (such as teams, slack, yammer, etc):

Describe how you will check in with your supervisor:

Describe other Supervisor and Employee expectations:

**TELECOMMUTING EQUIPMENT:**

\*Agencies are not required to supply telecommuting equipment since telecommuting is not typically a requirement of the job. However, an agency may retain the right to do so. If an employee does not have the appropriate equipment and resources, they may not be eligible for telecommuting. If utilizing any State of Idaho property at an approved alternate location, document property tag numbers and/or serial number or other identifying equipment (if applicable).

Required equipment

Required Supplies

Computer: \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

Printer: \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

Wi-Fi: \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_

- \_\_\_\_\_ - \_\_\_\_\_

Other: \_\_\_\_\_

Required software

-VPN network access

- \_\_\_\_\_

- \_\_\_\_\_

**IDENTIFICATION OF METRICS AND TELEWORK EVALUATION**

**Success metrics.** The following metrics will be used to determine success of this telecommuting agreement:

**Documentation tools.** The following documentation tools will be used in this telework agreement to ensure the standard of work is met and that goals are completed in a timely manner:

**Agency Expectations and Conditions:**

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Determination.** Provide justification if the telecommuting application is denied.