

## STATE OF IDAHO OUT OF STATE TELECOMMUTING REQUEST FORM

State of Idaho employees are expected to live and work in the state of Idaho. However, there may be extraordinary circumstances when the business needs of the state agency are best met by employing an individual who resides outside of the state of Idaho. As such, telecommuting from outside the state of Idaho is discouraged and requires advance approval. Because of potential legal and tax issues, it is essential for out-of-state employment requests to be carefully reviewed prior to any offer or approval of out-of-state work.

Employee Information		
Employee Name Work Phone		
Title Job Classification		
Agency Division/Department		
Office Location Supervisor		
Agency Appointing Authority/Designee		
Request Details		
Before requesting approval for out-of-state telecommuting from the DHR Administrator, agency authorities must demonstrate:	appoint	ing
dutionities must demonstrate.	YES	NO
<b>Recruitment Efforts</b> Can this position not be filled within Idaho and can this be demonstrated by documented enhanced recruitment attempts, analysis of similar positions, and alternatives considered.		
Justification/Notes:		
Specialized Expertise Can this role only be performed by a specific individual whose unique knowledge,		
skills, and abilities cannot be transferred to a new hire?  Justification/Notes:		
Justification/Notes.		
Workforce Planning Has the agency developed a comprehensive plan to ensure the position can be		
filled within Idaho within the next twelve (12) months?		
Justification/Notes:		
<b>Legal Feasibility</b> Is the state in which the employee will work must not be on the <b>Prohibited State List</b> ?		
Requests for prohibited states will be automatically denied.		
Justification/Notes:		
<b>Operational Viability</b> Would this arrangement support the agency's operational needs, including supervision, security, time zone, and travel requirements?		
Justification/Notes:		
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Financial Feasibility Does the agency have sufficient budget to support all associated costs?		
Considerations include any required travel, equipment, workers' compensation coverage, and any other		
applicable costs.  Justification/Notes:		

Agency Certification and Approval Signatures Supervisor Review: Certify the operational needs and forwarded to agency finance.			
☐ Approved ☐ Denied*			
Supervisor:	_ Date:		
Agency Finance Review: Certify the agency has sufficient budget to support all associated associate	iated costs.		
☐ Approved ☐ Denied*			
Agency Finance:	_ Date:		
<b>Appointing Authority Review</b> : Certify the request meets the recruitment efforts, specialized expertise, financial feasibility and workforce planning requirements, legal and operational concerns.			
☐ Approved ☐ Denied*			
Appointing Authority:	_ Date:		
*If denied, please explain:			

## **Submission to DHR**

Once all internal approvals above are completed, the agency must submit an <u>online request form</u> and attach the signed form and all supporting documentation for review by DHR.