



STATE OF IDAHO TELECOMMUTING APPLICATION

EMPLOYEE INFORMATION:

Employee Name _____ Date _____

Agency _____ Job Title _____

REQUESTED WORK SCHEDULE:

Choose only one and designate specific day(s) of the week.

- One day per week on _____
- Two days per week on _____
- Three days per week on _____
- Four days per week on _____
- Five days per week on _____
- Entire Work Schedule _____
- Other _____

Proposed Work Schedule/Hours _____

Proposed Work Location/Address _____

Rural Exemption

Closest Employing Agency Office _____

Miles from work location/address and closest employing agency office _____

COMPLETED APPLICABLE TRAINING:

- Employee Training Supervisor Training Cybersecurity Training

AGENCY DETERMINATION:

Provide justification below if the telecommuting request is denied.

- Approved Denied

Supervisor Signature _____ Date _____

Next Level Approval Signature _____ Date _____

If denied, please explain:

cc: Agency Human Resource office