



Telework Assignment Request Form

Please note this form should not be used for medical accommodations, please do not include any medical information on this form. Ensure that every field is completed, or the form will be returned to you to complete again. The form should be signed by the employee and manager prior to sending to teleworking@dallas.gov for review. Human Resources will route the form for signature by the department director and director of HR.

Employee ID	Employee Name	Start Date	End Date (1 year)
Supervisor Name	Department Director	Exempt Status <input type="checkbox"/> Exempt (Salary) <input type="checkbox"/> Non-Exempt (Hourly)	
Department	Job Title		

I understand and agree to the following:

(Please be sure to acknowledge each one by initialing each item.)

- ☐ My manager/supervisor has the authority to continue or discontinue this Telework Assignment at any time. Continuing this assignment beyond the expiration date will require a new signed Telework Assignment Form.
- ☐ My manager/supervisor will provide or approve work rules and work performance expectations associated with this Telework Assignment, which are described on page two of this form. I must meet these expectations along with all other expectations for the Telework Assignment to continue.
- ☐ I must consistently demonstrate the ability to work independently, communicate regularly and effectively with my manager/supervisor and other employees, and maintain a high degree of self-motivation.
- ☐ I am expected to devote the same time and attention to work at my Telework Location as I would devote if the work were performed at a City of Dallas facility.
- ☐ I will secure a Telework Location that is free of interruptions and distractions and that provides sufficient privacy for me to maintain confidentiality, when needed, for the duration of this assignment.
- ☐ I will accurately record my hours worked if I am a non-exempt employee and will properly and thoroughly keep a record of my work time as prescribed by department procedure.
- ☐ My Telework Location is safe and healthy, free from recognized hazards that are likely to cause serious injury or death. If I am unsure, I must contact Risk Management to request an ergonomic assessment and receive approval prior to beginning a telework assignment.
- ☐ I will not share my work-related documents and passwords with anyone not authorized to receive them.
- ☐ I understand that I have no entitlement or vested right to telework, and I do not acquire such a right by being authorized for a telework assignment for any period of time.
- ☐ I cannot grieve the decision of my manager/supervisor to not grant, not renew, or withdraw the telework assignment.



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Employee ID	Employee Name
Proposed telework schedule (employee to complete): 	
Approved telework schedule (supervisor/manager to complete): 	
Explanation of why telework will benefit the City/work group (employee to complete, do NOT include any medical or personal information on this form):	
<input type="checkbox"/> Improved productivity for employee/department. <input type="checkbox"/> Reduce on-site cost to the City. <input type="checkbox"/> Reduce carbon footprint. <input type="checkbox"/> Reduced open office noise. <input type="checkbox"/> Decrease in spread of infectious diseases. <input type="checkbox"/> Increased employee morale. <input type="checkbox"/> Increased work/life balance.	<input type="checkbox"/> Office space constraints. <input type="checkbox"/> Reduced cost for employee. <input type="checkbox"/> Other (please explain): _____ _____ _____ _____
Plan for monitoring employee productivity and quality of work product (supervisor/manager to complete): 	
City-issued equipment to be used by employee for teleworking purposes: 	



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Additional requirements/instructions (supervisor/manager to complete):		
<i>I have read, understood, and agree to the above Teleworking Assignment requirements. I understand and accept the performance expectations and rules identified by my manager/supervisor. This teleworking assignment is not to be considered indefinite and will be reassessed at least annually by my manager/supervisor. Questions about this Teleworking Assignment should be directed to my supervisor or Department Director. I will abide by the City of Dallas Teleworking Administrative Directive and all other applicable policies. My signature below signifies my understanding and acceptance of this assignment.</i>		
Employee Signature	Date	Department Director Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied - Comments:
Manager/Supervisor Signature	Date	
Department Director	Date	Human Resources Director Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied - Comments:
Human Resources Director	Date	
Please note: This form will be returned to you to complete again by HR if <u>every field</u> is not filled out (including checking each of the statements on page 1) and having the manager sign and date the form. After signature by the manager the form should be sent to HR to review, and HR will route the form for approval by the department director and HR director. This form should <u>not</u> be used to work from home due to a medical accommodation. For a medical accommodation please email FamilyLeave@dallas.gov .		
Please send completed forms to teleworking@dallas.gov .		