



Iowa Judicial Branch Telework Application

This form is used to request to participate in the Iowa Judicial Branch's Telework Program. This form must be submitted with the Telework Safety Assessment and provided to an employee's supervisor for review.

A. Employee: Complete all of the questions in section A.

Name:	Telework Address:
Classification:	Telework Phone:
Office Phone:	Supervisor:
Office Address:	Miles from Office to Telework Location:
Length of Time Employed by the Judicial Branch:	Length of Time in Current Position:
Domicile:	

1. Briefly describe your current job responsibilities.

2. Please read each of the following job characteristics and then rate each according to your current job requirements. If there is a high requirement for this aspect of your job, then mark an X in High. If it has little importance, mark an X in the Low column.

Job Requirements	High	Low
1) Ability to control and schedule work	<input type="checkbox"/>	<input type="checkbox"/>
2) Clear and understandable work assignments & objectives	<input type="checkbox"/>	<input type="checkbox"/>
3) Independent work	<input type="checkbox"/>	<input type="checkbox"/>
4) Concentration required	<input type="checkbox"/>	<input type="checkbox"/>
5) Work primarily conducted on a computer	<input type="checkbox"/>	<input type="checkbox"/>
6) Amount of face-to-face contact required	<input type="checkbox"/>	<input type="checkbox"/>
7) Amount of telephone communications required	<input type="checkbox"/>	<input type="checkbox"/>
8) Amount of in-office reference material required	<input type="checkbox"/>	<input type="checkbox"/>
9) Amount of data security required	<input type="checkbox"/>	<input type="checkbox"/>

High ratings for items 1 - 5 and low ratings for items 6 - 9 indicate a likelihood that the job is compatible with a telework arrangement.

3. Describe how your current job duties and responsibilities will be adapted to telework.



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4. How will telework assist you in meeting the goals and needs of your work unit and the district/department, and benefit the judicial branch?

5. Considering the nature of your work, do you want to telework from home or another office close to your home?

Home Yes No

Another Office Yes No

If Yes, where? _____

6. How often do you want to telework? (*check only one*) What hours do you want to telework?

- | | | | |
|--------------------------|------------------|-----------|----|
| <input type="checkbox"/> | Daily | Monday | To |
| <input type="checkbox"/> | Weekly | Tuesday | To |
| <input type="checkbox"/> | Every Other Week | Wednesday | To |
| <input type="checkbox"/> | On Occasion | Thursday | To |
| <input type="checkbox"/> | Other: | Friday | To |
| | | Saturday | To |
| | | Sunday | To |

7. What kinds of work would you expect to do while teleworking? (*Check as many as apply and provide an approximate percentage of time for each.*)

Work Assignments	Percentage of Time
<input type="checkbox"/> Writing	_____
<input type="checkbox"/> Word processing	_____
<input type="checkbox"/> Data management/computer programming	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Talking on the phone	_____
<input type="checkbox"/> Sending/receiving electronic mail	_____
<input type="checkbox"/> Field visits/meetings	_____
<input type="checkbox"/> Planning/organizing	_____
<input type="checkbox"/> Administrative support work	_____
<input type="checkbox"/> Batch work	_____
<input type="checkbox"/> Evaluation/research/analysis	_____
<input type="checkbox"/> Other (please specify):	_____



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8. Have you ever worked from home on a regular basis? Yes No
If Yes, briefly describe.

9. If applicable, describe the workspace in your home or alternative location that you intend to dedicate to performing your work.

10. What equipment would you need to enable you to telework? *(Check all that apply)*

Equipment	Need
Computer	<input type="checkbox"/>
Software	<input type="checkbox"/>
Other <i>(please specify)</i> :	<input type="checkbox"/>

11. What distractions or obligations might make working at home difficult? What are your plans for handling these?

I affirm this information is true and correct. **Please electronically sign and submit this form to your immediate supervisor.**

Employee's Signature

Date

B. Immediate Supervisor: Complete all of the questions in section B.

1. Please provide your assessment of this employee's ability to telework, including the need for supervision and frequent feedback, organization and planning skills, level of self-discipline to complete work, and potential problems if teleworking.

2. Please provide an assessment of how this department/office and the State will benefit if this employee teleworks.



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3. Does the employee have a current and prior performance evaluations indicate "meets" or "exceeds" expectations (or equivalent)?

Yes No

4. Has the employee received any disciplinary action in the last 2 years?

Yes No

Is this request for telework approved or denied?

Approved Denied

Conditions for approval: *(costs, equipment, core hours, etc.)*

Supervisor Signature

Date

Is this request for telework approved or denied?

Approved Denied

Comments:

Next Highest Level Supervisor, If Applicable

Date

Is this request for telework approved or denied?

Approved Denied

Comments:

DCA/SCA Director/Other Manager Signature

Date

Provide the completed Telework Applications to Human Resources.