Temporary CONVID-19
Telecommuting Application

City of Bothell™

Employee Name: _____ Title: _____

Home Address: _____

Telephone Number: _____ Telecommuting Start Date: _____ End Date: _____

PROPOSED WORK SCHEDULE

WORK	Monday - Hrs:	Tuesday - Hrs:	Wednesday - Hrs:	Thursday - Hrs:	Friday - Hrs:
HOME	Monday - Hrs:	Tuesday - Hrs:	Wednesday - Hrs:	Thursday - Hrs:	Friday - Hrs:

Employees must designate a work space at home which must be maintained in a safe, hazard-free condition. Any accident must be brought to the immediate attention of the supervisor.

Please answer the following questions:

1. Describe the type of work and specific tasks you propose to complete at home:

2. How will performance be assessed and productivity measured for work completed at home?

I have read the City of Bothell's Telecommuting Policy 10.9 and my supervisor and I agree that I have met all eligibility criteria and requirements. I agree to abide by all of the participation guidelines outlined in the Telecommuting policy document.

_____ _____

Employee Signature Date Manger/Director Signature Date

_____

HR Director Signature Date