## **APPENDIX A: Teleworking Application**

Name:

Title:

**Division:** 

## **Official Work Location:**

**Teleworking Plan**: Indicate official workstation and teleworking site hours including lunch periods for the entire workweek:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Teleworking Site Work Hours							
Lunch Period							
Official Workstation Work Hours							
Lunch Period							

Start Date:	End Date:			
Teleworking Site Address:				
Phone Number:	Alternate Phone Number:			

1. Can you supply a designated workspace within the teleworking site that meets the provisions of the Judiciary of Guam Teleworking Policy?

Yes	No
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2. Can you maintain contact with office staff as required by the Judiciary of Guam Teleworking Policy?



3. Describe the type of work you propose to do at the teleworking site:

4. Describe how teleworking will improve the efficiency of the work performed:

5. Describe any equipment requirements:

- 6. How will equipment be provided that will be used at the teleworking site as defined in the Judiciary of Guam Teleworking Policy?
- 7. Describe a plan for maintenance of the required equipment:

## The following is to be completed by the applicant's Division Manager:

Work performed by the teleworker will be monitored and evaluated in the following, agreed upon manner:

I have read, understand, and agree to abide by the obligations, responsibilities, and conditions for teleworkers as set forth in the Judiciary of Guam Teleworking Policy.

Employee/Other Authorized Person Signature:
Date:
Division Manager Signature:
Date:
Approval Disapproval
The following Judiciary of Guam equipment has been provided to the employee or other authorized person for the purposes of teleworking (if applicable):
The employee or other authorized person has been provided with requirements and instructions for connecting personally owned equipment to Judiciary of Guam owned equipment, and has been informed of his/her responsibilities for regular maintenance of the equipment.
MIS Administrator Signature:
Date:
Administrator of the Courts Signature:
Date:
Approval Disapproval