



Telecommuting Application

Individuals requesting formal telecommuting arrangements must be employed with Pittsylvania County for a minimum of 12 months of continuous, regular employment and must have a satisfactory performance record. Full-time Exempt and Non-exempt employees are eligible for telework.

Employee Name: _____

Title: _____

Department: _____

Date of Hire: _____

Supervisor: _____

Time period I would like to telecommute: _____

Number of days per week I would like to telecommute: _____

Please discuss why you are interested in telecommuting and describe how you think your job responsibilities are suited for telecommuting:

Please discuss your plan for childcare arrangements, if applicable, and how you plan to accomplish your job duties:

Supervisor

I have discussed the possibility of telecommuting with the above-mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Supervisors Signature: _____

Date: _____

Applicant

I have discussed telecommuting with my supervisor and understand that my application does not guarantee that I will be eligible to telecommute. I have read the telecommuting policy and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that telecommuting can be terminated at any time by Pittsylvania County or me.

Applicant Signature: _____

Date: _____

Approved By:

Supervisor: _____ Date: _____

Human Resources: _____ Date: _____