



Telecommuting Interest Form

Employee Name: _____ Employee ID: _____

Division: _____ Department: _____

Phone: _____ Email: _____

Position Title: _____ ☐ Hourly ☐ Salary

Campus: _____ Supervisor Name: _____

Reviewing the Telecommuting Best Practices and the guidelines below is required before applying for a telecommuting arrangement. After reviewing Best Practices, completing this Telecommuting Interest Form is the first step an employee takes to express interest in a Telecommuting Work Arrangement.

Employee should complete PART 1 of this form.

Guiding Principles

- Kent State is a residential and in-person learning and living university. As such, it is expected that most employees will be working in person.
- Any telecommuting arrangement must be guided by what is best for our students and the campus community and the operational needs of the university.
- Telecommuting cannot materially change the duties of the position, adversely affect academic and administrative services, and must maintain the equivalence of a full-time work schedule.
- Telecommuting arrangements are not intended to be used to address health-related issues, or as an alternative to leave as provided for in Chapter 6 of Section 3342 of the Administrative Code and Policy Register (i.e. sick leave, vacation, FMLA, etc.).
- Employee's focus during telecommuting must remain on job responsibilities.
- Telecommuting arrangements will be reviewed regularly (no less than annually) and may be adjusted or discontinued at the discretion of the employee or the supervisor.
- Employees on approved telecommuting schedules may be required to attend in-person meetings and activities – at their own commuting expense.
- In general, employees on approved telecommuting schedules should work normal business hours (8:00 a.m. – 5:00 p.m.). If employee normal work schedule is changing, a Flexible Work Arrangement Request Form will also be required. Visit <https://www.kent.edu/hr/wellness/flexible-work-arrangement> for details and to initiate the FWA Request form separately.
- In-person staffing must be maintained during regular business hours.
- Supervisors will review requests for the entire unit and make decisions after certifying that an appropriate plan is in place to ensure consistent and efficient delivery of services.
- Supervisors must limit telecommuting arrangements to no more than 20% of staff, so that on any given day at least 80% of employees are working in person.

Eligibility

Full-time unclassified employees and full-time, non-represented employees are eligible to request telecommuting. Positions that are predominantly student facing are not eligible unless a telecommuting arrangement expands the hours of student contact. Supervisors are not eligible unless an exception has been approved by the divisional vice president. All exceptions to the above require vice presidential approval.

PART 1 - Employee Interest in Telecommuting

This section is intended for an employee to express interest in telecommuting and to prepare for an informal discussion with the supervisor.

Briefly explain the reason(s) you are interested in telecommuting.

Describe how your position is suitable for telecommuting and how, if approved, would meet the needs of the university or individuals you serve (students, colleagues, contractors, etc.)

Describe the desired telecommuting arrangement you are requesting.

	In Person Hours	Telecommuting Hours
EXAMPLE	N/A	8 am – 5 pm
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

The combined on-campus and telecommuting hours must add up to 40 hours for the workweek.

Describe how a telecommuting arrangement may impact business needs and those you serve and work closely with.

If your position does not meet the eligibility requirements for telecommuting, but you wish to request an exception, please provide a rationale. Exceptions require VP approval.

☐ I understand that submission of this interest form in no way guarantees the establishment of a telecommuting arrangement. The information I have provided is intended to be the basis of a dialogue with my supervisor. I understand that following such a discussion with my supervisor, the request may require additional approvals and may be subsequently declined or adjusted based on the needs of the department, college, campus, or university.

Employee Name

Date

Employee Title

PART 2 - Supervisor Review

Reviewing the Telecommuting Best Practices is required prior to applying for or taking supervisory action (i.e. approval/denial) of a telecommuting work arrangement. This is required of both the applicant (employee) and any and all approvers.

Supervisors are responsible for completing PART 2, securing any additional levels of approval (PART 3-4), and completion of PART 5.

To answer questions, address concerns, and seek clarification if needed, the supervisor and employee should meet to review and discuss the employee's interest in a telecommuting arrangement. Consider response to employee questions as presented above along with the following:

- 1) Has the employee completed their probationary period, if applicable?
- 2) On the latest performance review, was the employee's performance deemed satisfactory and has such performance continued to be satisfactory?

- ☐ Request Approved as originally requested
☐ Request Approved with the following adjustments

	In Person Hours	Telecommuting Hours
EXAMPLE	N/A	8 am – 5 pm
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

☐ Request Denied. Supervisors should discuss the reasoning behind the denial in depth with the employee. Provide a brief description of why the request will be denied below.

☐ I have reviewed all requests for my department/unit and certify that no more than 20% of staff will be telecommuting on a given day, with at least 80% of employees working in person.

Supervisor Name

Date

Supervisor Title

Supervisor will make initial determination on all requests and meet with Second Level Approver, if applicable, or VP to discuss their determinations and make any applicable adjustments.

PART 3 - Second Level Review (if applicable)

- ☐ Request approved per supervisor review
☐ Request approved with additional adjustments, as follows:

	In Person Hours	Telecommuting Hours
EXAMPLE	N/A	8 am – 5 pm
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

☐ Request Denied. Provide a brief description of why the request will be denied below. This will become part of discussion points for supervisor and employee.

Supervisor Name

Date

Supervisor Title

If approved, forward to the Vice President. If denied, return to Supervisor.

PART 4 - Final Approval (Vice President or designee)

Any exceptions to requirements must have VP approval.

- ☐ Request approved per second level review
- ☐ Request approved with additional adjustments to second level review, as follows:

	In Person Hours	Telecommuting Hours
EXAMPLE	N/A	8 am – 5 pm
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

- ☐ Request Denied. Provide a brief description of why the request will be denied below. This will become part of discussion points for supervisor and employee.

Vice President Name

Date

Title

Finalized Telecommuting Interest Forms should be returned to the employee's supervisor to direct employee on next steps.

PART 5 - Supervisor

- ☐ I have advised the employee of the approval and provided the Dynamic Forms link to submit the [Telecommuting Work Arrangement Form](#) inclusive of any such adjustments that may have been made by the approver(s). In addition, I will review and complete [Appendix A – Telecommuting Agreement & Technology Checklist](#) with my employee and retain a signed copy in the department for the duration of this telecommuting arrangement.

Supervisor Name

Date

*Telecommuting arrangement may not begin until the electronic **Telecommuting Work Arrangement Form** is complete along with **Appendix A**.