

MONTGOMERY COUNTY PUBLIC SCHOOLS**Request to Telework**Office of Human Resources and Development
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**PART I: TO BE COMPLETED BY EMPLOYEE AND SUBMITTED TO THE SUPERVISOR**

Employee Name: _____

Employee ID#: _____ Employee Job Code: _____ Employee Allocated FTE: _____

Job Title: _____ Work Location: _____

Supervisor's Name: _____ Supervisor's Title: _____

Chief's Name: _____

Telework Request (select one)

- Recurrent Telework
Employee works from alternative work site on a regular, recurring basis
- Intermittent Telework
Employee works regularly from primary worksite but would telework for limited periods of time based on specific circumstances or job responsibilities that could be accommodated by teleworking.

Telework Request Rationale and Details**Initial each statement below to indicate understanding and agreement:**

_____ **I HAVE** reviewed and agree to MCPS Regulation GEH-RA, *Telework* as well as all MCPS policies, regulations and rules referenced in GEH-RA.

_____ **I UNDERSTAND** that employees approved to participate in the MCPS telework program are subject to the same Board of Education policies and MCPS regulations, procedures, and practices, regardless of their work location. I understand that my work hours, compensation, benefits, work status, and work responsibilities will not change due to my participation in the telework program.

_____ **I UNDERSTAND** that responsiveness and transparency to the public and/or to my supervisor should not be affected by telework. I agree to make every effort to have interactions with the public appear the same regardless of work location, and I agree to meet established service timelines. Phone contact when teleworking ____-____-____.

_____ **I UNDERSTAND** that I must follow the same security and privacy practices that are required at the primary work location. MCPS may require additional security protections on personally owned devices. I understand that I am required to inform MCPS immediately if equipment with MCPS data is lost or stolen.

_____ **I AGREE** that any and all remote work locations will be free of recognized hazards that could cause physical harm.

_____ **I AGREE** to maintain any and all alternative work locations in a safe condition and to take the same safety precautions as are applicable on MCPS premises.

_____ **I UNDERSTAND** that the supervisor may terminate the telework arrangement immediately if I violate the provisions of this regulation, or fail to abide by the all established Board policies and MCPS rules. I understand that my supervisor may adjust or terminate my option to telework if some or all of the work responsibilities are determined to no longer be portable.

_____ **I AGREE** that once per fiscal year I must complete the telework training.

PART II: TO BE COMPLETED BY THE SUPERVISOR AND SUBMITTED TO THE CHIEF

Supervisor's Signature: _____ Date: ____/____/____

- Recommend Approval
- Recommend Denial

Rationale for Recommendation:

Recommended Terms or Conditions:

PART III: TO BE COMPLETED BY THE CHIEF AND RETURNED TO THE EMPLOYEE AND SUPERVISOR

Chief's Signature: _____ Date: ____/____/____

- Approved
- Denied

Rationale for Denial:

Terms or Conditions of Approval:

To appeal the decision of the chief, submit a written appeal request to the MCPS chief of staff within 10 days of the decision. The appeal request must include the rationale for the appeal and a response to the chief's written rationale for the denial.