

Department Information		
Campus:	Division:	
Department #:	Department Name:	
1. Number of Employees Eligible to Telecommute:		
2. Please list job codes of all eligible employees below:		
3. Please indicate whether employees participating in this plan will be (check all that apply): _____ 100% Remote _____ Combination (Remote at times and in the office at times)		
4. How will productivity and performance be measured while these employees are telecommuting?		
5. Please estimate cost to implement telecommuting for this department. (i.e. costs may include laptop computers, increased travel costs, VPN, or remote meeting software)		
6. Please estimate savings related to telecommuting. Savings may include space savings (i.e., lease payments, parking costs), furniture, utilities, and/or savings related to equipment (i.e., desktop computers and landlines, etc.)		
7. Describe how efficiency will be improved by allowing telecommuting.		
8. Are there any employees in the campus/college/division who will not be able to telecommute? How will these employees be impacted? Please include an explanation on these (have not been here a year, is missing "X" characteristic required to be a successful telecommuter, etc.)		
Please attach additional pages as needed. Are any additional pages attached? Yes: No:		
Authorization Signatures		Dates
Department Head:		
VP/Dean/Chancellor:		
HR Telecommuting Coordinator:		
Division of State HR:		

*Plans must be reviewed annually