

Alaska Court System

Telework Request Form

New Request (1 year max): _____ Renewal Request (1 year max): _____

This form is to be completed by the employee's supervisor.

Employee Information

Name: _____
Job Title: _____
Department: _____

Employee ID: _____
Position # (PCN): _____
Location: _____

Telework Information

Reason for request:

Benefits to the court system and the employee:

Position's suitability for teleworking:

Employee's suitability for teleworking:

Work Plan: Provide a description of the duties to be performed and how work product and output will be assessed for performance.

Duties to be performed:

Method of assessing performance:

Supervisor Signature: _____ Date: _____

Area Court Administrator, Clerk of the Appellate Courts, or Administrative Director Approval

Request Approved: Yes, forward request to HR
 No, because:

Signature: _____ Date: _____
Printed Name: _____

Human Resources Approval

Request Approved: Yes. Supervisor must complete *Telework Agreement* with employee.
 No, because:

Signature: _____ Date: _____
Printed Name: _____

Supervisor Notification: Supervisor notified of the decision on _____ (date).