

**AGENCY HR TELECOMMUTING CHECKLIST**

**Acquire Telecommuting Approval & TWA—Verify Eligibility—Create LOA—Distribute LOA—Track Telecommute**

**PCN:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Dept:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Normal Duty Station:** \_\_\_\_\_ **Bargaining Unit:** \_\_\_\_\_ **BU Contact:** \_\_\_\_\_

**Length of Telecommute:** 6 Months (New Agreement) 12 Months (Renewal) **Dates:** Start \_\_\_\_\_ End \_\_\_\_\_

**Telecommute Location:** Within Duty Station In-State (outside duty station) Out-of-State

**Director Approval?** Yes  No  **Commissioner Approval?** Yes  No  N/A   
(In-State & Out-of-State) (Out-of-State)

**Permanent Status?** Yes  No  **If no, Director / Commissioner waiver approval?** Yes  No

**Previous Discipline?** Yes  No  **Performance Improvement Plan?** Yes  No   
(within last 12 months) (within last 12 months)

**If within duty station location and all eligibility requirements have been met, skip to section 4.**

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**In-State (outside duty station) & Out-of-State:**

**LOA Needed?** Yes  No  **LOA Number:** \_\_\_\_\_

**Salary Schedule?** \_\_\_\_\_  
(Duty station only for temporary LOA when maintaining a primary residence in that duty station. All other requests go to LR.)

**State Income Tax?** Yes  No  **If no, Removed #5 from LOA?** Yes  No   
(Out-of-State Only)

**LOA Sent to Union?** Yes  No  **Date Sent:** \_\_\_\_\_

**Tax Paperwork Rcv'd?** Yes  No  **Date Verified:** \_\_\_\_\_  
(Out-of-State Only)

**LOA Signed?** Yes  No  **Date Signed:** State: \_\_\_\_\_ Union: \_\_\_\_\_  
(Note: LOA should not be signed by the State until tax paperwork has been received.)  
(If LOA is not signed by Union, go to section 3 "Canceling a Telecommute.")

**LOA Distributed?** Yes  No  **Date Distributed:** \_\_\_\_\_

**Distributed To:** Payroll Finance Management Union

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**Canceling a Telecommute:**

**Telecommute Canceled?** Yes  No  **Date Canceled:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Employee Notified** Yes  No  **Date of Notification:** \_\_\_\_\_

**\*Payroll/Finance Notified** Yes  No  **\*Union Notified** Yes  No

\*(If LOA is in place, all cancelations require a 15-day written notice to the employee and Union prior to cancelation date.)

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**Tracking:**

**Expiration Date on Calendar:** Yes  No

**Renewal Reminder Sent to Management:** Yes  No  **Renewal Needed?** Yes  No

**Agency HR Initials:** \_\_\_\_\_