

MODIFICATION FORM

(To be used during the effective period of the Telework Agreement)

Date of request: _____

(applications should be made at least one (1) month in advance)

SECTION 1: APPLICANT'S DETAILS *(to be completed by the applicant)*

Name:

ID Card No.:

Surname:

Office Tel:

Ministry/Entity:

Department/ Directorate:

Grade/Position

E-mail:

Home/Mob:

Request:

I am hereby requesting modifications to my Telework Agreement effective from ___ / ___ / _____ up to ___ / ___ / _____ for the current remaining effective period under the same Terms & Conditions as the original agreement.

Reason for requesting modification:

(Reason for request is not mandatory, however, it is recommended that a reason is stated as this will assist management in making an informed decision).

Document(s) supporting request enclosed with application:

YES

NO

(Please specify the modifications requested by filling only the relevant fields below. Please cross out where not applicable).

SECTION 2: AGREED ARRANGEMENTS *(between Director/Head of Department and Applicant)*

Winter Work Schedule: 1 October – 15 June

(specify the working schedule indicating the start/end time and breaks)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office						
Telework						

Summer Work Schedule same as Winter Work Schedule
(If yes, there is no need to fill in the Summer Work Schedule below).

YES NO

Total no. of hours at the Office: _____

Total no. of hours being teleworked: _____

Total no. of weekly hours (grand total): _____

Summer Work Schedule: 16 June – 30 September

(specify the working schedule indicating the start/end time and breaks)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office						
Telework						

Total no. of hours at the Office: _____

Total no. of hours being teleworked: _____

Total no. of weekly hours (grand total): _____

FUNCTIONS TO BE PERFORMED:

(List all the tasks that are to be performed remotely from the office)

These Tasks Supersede The Previously Agreed Tasks

These Tasks Are Additional To The Previously Agreed Tasks

LOCATION DETAILS:

(Please specify the address from where you will be e-working and where you need the e-work facilities installed)

SECTION 3: IT REQUIREMENTS

Hardware

(Tick the one applicable)

At work, do you use a desktop or a laptop? Desktop Laptop

Software

(Please list specific software / services / applications you need access to)

I need access to the standard Office Automation software only.

In addition to the standard Office Automation software, I need access to the following:

Connectivity Requirements

(Tick the one applicable)

Tier 1: Internet, E-mail

Tier 2: Internet, E-mail, VPN

Tier 3: VPN

Section 4: Endorsements

Employee

Full Name:

Signature:

Date:

Director/ Head of Department

Full Name:

Signature:

Date:

Recommended

Not Recommended

Director responsible for People Management/Corporate Services

Full Name:

Signature:

Date:

Recommended

Not Recommended

Permanent Secretary

Full Name:

Signature:

Date:

Approved

Not Approved

(if not approved please provide reason)

The information supplied in this application form shall be used exclusively by the employing Ministry for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.