

## RENEWAL OF TELEWORK AGREEMENT

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

**Date of request:** \_\_\_\_\_

(applications should be made at least two (2) months 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 a renewal of the Telework Agreement originally effective from

\_\_\_ / \_\_\_ / \_\_\_\_\_ (first telework agreement) and last renewed on

\_\_\_ / \_\_\_ / \_\_\_\_\_ (Mark with a '-' if not applicable)

for a period of one year with effect from \_\_\_ / \_\_\_ / \_\_\_\_\_.

### Reason for request:

\_\_\_\_\_

(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

Telework Agreement Renewal requested under the same Terms & Conditions

Telework Agreement Renewal with modifications

(If the Telework Renewal is requested with modifications, please specify the modifications requested by filling only the relevant fields overleaf. 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
<b>Office</b>						
<b>Telework</b>						

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
<b>Office</b>						
<b>Telework</b>						

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)*

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*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.*