TELEWORK RENEWAL FORM

Important Information

Kindly read the following before filling in the application form

1. The first part under section 4 of the application form, must include the applicant’s full name and surname, signature of applicant and date.

2. The space provided under section 4 should be signed and rubber stamped by the Head of School/Head of College Network (if the applicant works in a school) and by the respective Director (in the case of Non-Teaching grades). The following must also be included with the application:

   i. Document(s) supporting request (if applicable);
   ii. Section 6- ‘Administrative Process for telework approval’ questions 1 to 9 which must be filled by the Head of School and endorsed by the Head of College Network (if the applicant works in a school) or filled and endorsed by the Director (in the case of Non-Teaching grades).

3. A scanned copy of the application form, together with all relevant documents as indicated at point 2 above are to be sent to: telework.medc@gov.mt
### 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)

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID Card No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Office Tel:</td>
</tr>
<tr>
<td>Ministry/Entity:</td>
<td></td>
</tr>
<tr>
<td>Department/ Directorate:</td>
<td></td>
</tr>
<tr>
<td>Grade/Position</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Home/Mob:</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telework</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telework</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Director/ Head of Department**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
**Recommended □**  **Not Recommended □**

**Section 5: Endorsement for HR Use Only**

**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.
Section 6: Administrative Process for telework approval

Head of School can fill in this justification but only Head of College Network can endorse it.

| Name: ______________________________ | Grade/Position: __________________________ |

<table>
<thead>
<tr>
<th></th>
<th></th>
<th><strong>Director/HCN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Director/HCN is to <strong>soundly justify</strong> the request for telework.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>List of duties that the employee will be performing during teleworking hours.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Will the Unit/Section/Directorate/Department work be negatively affected if telework is approved?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Will, due to this request and other already approved requests for telework, additional capacity building be requested?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Should this request be approved, will a precedent be set, and will the other employees within same unit/section/directorate/department be affected?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Is this request for definite period i.e. that it will not be renewed in the future?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Will the hours being requested as teleworked affect the performance of the employee?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Will the hours being requested as teleworked affect the performance of the service being given?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Does this request ensure that the service delivery is efficient and excellent?</td>
<td></td>
</tr>
</tbody>
</table>
| 10. | **Signature of Director/HCN**  
Stamp & Date |   |
## Section 7: To be sent for endorsement by HR

<table>
<thead>
<tr>
<th>Signature of DG/CIO</th>
<th>Justification for Recommendation</th>
</tr>
</thead>
</table>