IDAHO NATIONAL GUARD
JOINT FORCE HEADQUARTERS
HUMAN RESOURCE OFFICE
4792 General Manning Ave. Building 442
Boise, Idaho 83705-5004

Idaho Military Division Telework Application

Employee Information

Employee Name: Date:

Agency: Division/Unit:

Job Title: Status:

Requested Work Schedule: Proposed Start Date:

☐ Over 80 hours (The Adjutant General approval)

Days of the week: On (MTWTHF):

My proposed work schedule hours:

My proposed work location/address:

Reason for requesting telework:

Agency Determination:
Provide justification below if the telecommuting request is denied.

☐ Denied ☐ Approved

Reason for denied telework:

I understand that telework is a privilege and not an entitlement and could be revoked for the needs of the organization by the manager/supervisor at any time. I further understand that I must complete all work as assigned and, in the time-frame, as designated by supervisor. I understand I am still required to accurately account for my time in ATAAPS or LUMA and that I am still required to request leave in the event of appointments, illness, vacation, etc. that occur during my telework schedule.

I understand that the Idaho Military Division offers telework on a situational basis and will not exceed more than a year based upon approval by TAG.

I also understand I must complete the required mandatory telework training as outlined in the Idaho Military Division Telework Policy. A copy of the course certification(s) will be furnished to my Supervisor and HRO prior to the telework packet approval.

Requestor signature:

Supervisor signature, name, and date:

Director/O6 Commander signature, name, and date:

ATAG/TAG Executive Officer/IOEM Director signature, name, and date:

TAG signature, name, and date:

Cc: Agency Human Resource Office