1. **Telecommuting Schedule:**
The telecommuting schedule is as follows:

_______ Regular schedule

In office: __________________________ days ________________________ hours
__________________________ days ________________________ hours

At home: __________________________ days ________________________ hours
__________________________ days ________________________ hours

_______ No regular schedule, and separate permission for each telecommuting day will be obtained from _____________________________.

2. **Communications**

While telecommuting the employee shall communicate with the office every
__________________ by phone. Messages are to be returned within ________________.

Telecommuter shall maintain a functional phone and ________________ in order to receive messages and bulletins. (FAX, voice mail, answering machine, etc.)

Reports and ____________________ shall be delivered by ______________________ every _______________________.

List meetings / events that must be attended by telecommuter.

________________________________________________________________________
________________________________________________________________________

3. **ACCESS REQUIREMENTS**

County Information Systems to which telecommuter will have access from remote work location (if any):

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<tr>
<th>SYSTEM</th>
<th>APPLICATION</th>
<th>DATABASES</th>
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ATTACHMENT C – MENTAL HEALTH POLICY 96-07
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