

Request for Telework Training



Employee Name	
Employee No.	
Email Address	
Phone No.	
Department	

1. Have you been previously certified as a Teleworker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.b. If yes, please list the date of certification:	
2. Is the Supervisor certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.b. If yes, please list the date of certification:	_____
2.c. Supervisor Employee No.	

Note: If the Supervisor for the employee is not certified, he or she must also be scheduled for training.

By requesting training for the above employee, the departmental management and/or Human Resources is approving a Telework arrangement with this employee and will follow all policies and procedures within the County Telework Program. Once this form is received, you will receive training dates, and must notify the Department of Human Resources, Workplace Programs Division at Rideshare@lacounty.gov what date is chosen.

Print Supervisor/Telemanager Name

Supervisor/Telemanager Signature

DHR-WPD Office Use only			
Telework Training Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date for Training _____
Location of Training _____	Telemanager Certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No