



CLARK COUNTY EMPLOYEE TELECOMMUTING PROGRAM RENEWAL APPLICATION

As a Clark County employee, I understand that I am required to adhere to the approved Employee Telecommuting Program (ETP) Policy guidelines. If I fail to meet the identified requirements, my participation in the ETP may be terminated.

As required, I understand that I must renew my application for participation in the ETP at least annually on my employment anniversary date.

Employee Information	
Applicant Name:	Date:
Division:	Job Title:
Department:	PRNR:
Phone:	Anniversary Date:
Approved Designated Alternate Work Duty Station Location: (Place of residence as identified in personnel management system)	
Date of Original ETP Approval:	
To be completed by employee:	
Identify any changes to the employee's working conditions since the original ETP approval or most recent ETP renewal.	
To be completed by supervisor:	
Identify any changes to the employee's ETP requirements; for example, work schedule, duties, response times, communication, in person meetings, etc.	



ETP RENEWAL APPROVAL & SIGNATURE FORM

I acknowledge that I have requested renewal to continue participation in Clark County's Employee Telecommuting Program (ETP). I understand that it is my responsibility to be familiar with and abide by the terms of the approved/renewed ETP. I understand that this policy is not promissory and does not set terms or conditions of employment or create an employment contract.

I further understand that Clark County has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time with or without notice. No statement or representation by a supervisor, manager, or any other employee, whether oral or written, can supplement or modify this policy. Changes may only be made if approved in writing by the County Manager.

I have met with my immediate supervisor to discuss changes to the parameters of my ETP as defined previously and agree to the changes.

Applicant's Signature: _____	
Date: _____	Applicant's Printed Name: _____

Immediate Supervisor

Employee has met the requirements of the ETP during their current approval period

I have discussed with, and the employee understands, the changes made to the parameters of the ETP as defined previously

I am recommending approval of the ETP renewal

I am recommending denial of the ETP renewal; why: _____

Signature: _____ Date: _____

Division Manager

I have reviewed the recommendations of the employee's immediate supervisor

I am recommending approval of the ETP renewal

I am recommending denial of the ETP renewal; why: _____

Signature: _____ Date: _____

Department Head

I have reviewed the recommendations of the employee's manager

I approve the renewal of the ETP for this employee

I am denying the request for renewal of the ETP; why: _____

Signature: _____ Date: _____