

AmeriCorps VISTA Teleservice Request Form

The following checklist assesses the safety of teleservice site and serves as the request form. Please complete the form and submit it to your Site Supervisor. They will, upon approval, submit the form to CCMW. All VISTAs must meet with their supervisor in person at the host site at least once per week. *You must attach a service schedule that indicates which days you will be working from home to this form in order to receive approval.*

NAME:

VISTA PROJECT:

HOME ADDRESS AND PHONE NUMBER:

CHECKLIST

Home Environment

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Are all stairs with four or more steps equipped with handrails?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Is the office space neat, clean, and free of excessive amounts of combustibles?	YES <input type="checkbox"/> NO <input type="checkbox"/>

8. Are floor surfaces clean, dry, level, and free of worn or frayed seams?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Computer Workstation (if applicable)

9. Is your back adequately supported by a backrest?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Are your feet on the floor or fully supported by a footrest?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Are you satisfied with the placement of your monitor and keyboard?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Is it easy to read the text on your screen?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Is there space to rest the arms while not keying?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. When keying, are your forearms close to parallel to the floor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Are you wrists fairly straight when keying?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VISTA's Name (Print) Signature Date

Supervisor's signature indicates his or her receipt of this form and approval of the teleservice request; it does not signify that the supervisor has inspected the employee's home. No such inspection is required.

Supervisor's Name (Print) Signature Date

The CCMW representative's signature indicates his or her receipt of this form and approval of the teleservice request; it does not signify that the supervisor has inspected the employee's home. No such inspection is required. Teleservice is not authorized without this signature.

CCMW Representative's Name (Print) Signature Date