

AmeriCorps VISTA Teleservice Request Form

The following checklist is to assess the safety of teleservice arrangement and serves as the request form. Please complete the form and submit it to your VISTA Supervisor. He or she will, upon approval, submit the form to the State Office.

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 [] NO []
2. Are all stairs with four or more steps equipped with handrails?	YES [] NO []
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 [] NO []
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	YES [] NO []
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	YES [] NO []
6. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	YES [] NO []
7. Is the office space neat, clean, and free of excessive amounts of combustibles?	YES [] NO []

8. Are floor surfaces clean, dry, level, and free of worn or frayed seams?	YES [] NO []
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Computer Workstation (if applicable)

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

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 CNCS 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.

CNCS Representative's Name (Print) Signature Date