**The State of Oklahoma Governmental Technology Applications Review Board**

**Additional Office Space - Telework Certification Form**

Pursuant to 62 O.S. §34.11.7, prior to the lease, purchase, rental or issuance of bonds for the use of additional office space, state agencies shall receive certification from the State Governmental Technology Applications Review Board (the “Board”) that no state employee jobs in that agency can be performed through telework. “Telework” is defined in Section 34.11.7 as work which is performed outside of the traditional on-site work environment.

**An agency requesting certification shall appear in person at a meeting of the Board to answer questions the Board may have regarding the request. The following information is required (add attachments if necessary) to be provided to the Board five (5) business days ahead of the meeting at which the agency wants the Board to consider its request:**

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| **STATE AGENCY NAME / NO.:** |  |
| **AGENCY CONTACT NAME:** |  |
| **AGENCY CONTACT EMAIL:** |  |
| **ADDITIONAL SPACE LOCATION ADDRESS:** |  |
| **SQUARE FOOTAGE OF ADDITIONAL SPACE:** |  |
| **PROPOSED USE OF ADDITIONAL SPACE:** |  |
| **DESCRIPTION AND NUMBER OF STATE EMPLOYEE JOBS TO BE LOCATED IN ADDITIONAL SPACE:** |  |

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| --- | --- |
| 1. Has the agency established a formalized written policy for a telework program?

If so, the policy is required to be attached to this Telework Certification Form.  |  |
| 1. Indicate which of the state employee jobs listed above, if any, can be performed via telework and the corresponding potential reduction in square footage of additional space listed above.
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| 1. Indicate below why telework would not be appropriate for the state employee jobs listed above:
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| 1. Limited Technology
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| 1. Personal meetings with clients or others
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| 1. Work space or sensitive files
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| 1. Other
 |  |
| 1. Other information considered pertinent for consideration by the Board
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| **Signature of Agency Director or Designee** | **Date** |

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based upon the information provided above or by attachment, the State Governmental Technology Applications Review Board hereby certifies that the state employee jobs identified above

 \_\_\_\_\_\_\_\_\_ can be performed through telework

 \_\_\_\_\_\_\_\_\_ cannot be performed through telework

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| **Board Chairman or Designee** | **Date** |