

## TELEWORK MODIFICATION FORM

### Important Information

#### Kindly read the following before filling in the modification form

1. The first part under **section 4 of the application form**, must include the applicant's full name and surname, signature of applicant and date.
2. The space provided under **section 4** should be signed and rubber stamped by the Head of School/Head of College Network (if the applicant works in a school) and by the respective Director (in the case of Non-Teaching grades). The following must also be included with the application:
  - i. Document(s) supporting request (if applicable);
  - ii. **Section 6-** 'Administrative Process for telework approval' questions 1 to 9 which must be filled by the Head of School and endorsed by the Head of College Network (if the applicant works in a school) or filled and endorsed by the Director (in the case of Non-Teaching grades).
3. A scanned copy of the application form, together with all relevant documents as indicated at **point 2** above are to be sent to: [telework.meyr@gov.mt](mailto:telework.meyr@gov.mt)

**MODIFICATION FORM**

(To be used during the effective period of the Telework Agreement)

Date of receipt
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Date of request: \_\_\_\_\_  
(applications should be made at least one (1) month in advance)

**SECTION 1: APPLICANT'S DETAILS (to be completed by the applicant)**

Name:	ID Card No.:
Surname:	Office Tel:
Ministry/Entity:	
Department/ Directorate:	
Grade/Position	
E-mail:	
Home/Mob:	

**Request:**

I am hereby requesting modifications to my Telework Agreement effective from \_\_\_ / \_\_\_ / \_\_\_\_\_ up to \_\_\_ / \_\_\_ / \_\_\_\_\_ for the current remaining effective period under the same Terms & Conditions as the original agreement.

**Reason for requesting modification:**

\_\_\_\_\_

\_\_\_\_\_

(Reason for request is not mandatory, however, it is recommended that a reason is stated as this will assist management in making an informed decision).

Document(s) supporting request enclosed with application:

YES

NO

(Please specify the modifications requested by filling only the relevant fields below. Please cross out where not applicable).

**SECTION 2: AGREED ARRANGEMENTS (between Director/Head of Department and Applicant)**

Winter Work Schedule: 1 October – 15 June

(specify the working schedule indicating the start/end time and breaks)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office						
Telework						

Summer Work Schedule same as Winter Work Schedule (If yes, there is no need to fill in the Summer Work Schedule below).

YES

NO

Total no. of hours at the Office: \_\_\_\_\_

Total no. of hours being teleworked: \_\_\_\_\_

Total no. of weekly hours (grand total): \_\_\_\_\_

Summer Work Schedule: 16 June – 30 September

(specify the working schedule indicating the start/end time and breaks)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office						
Telework						

Total no. of hours at the Office: \_\_\_\_\_

Total no. of hours being teleworked: \_\_\_\_\_

Total no. of weekly hours (grand total): \_\_\_\_\_

**FUNCTIONS TO BE PERFORMED:**  
(List all the tasks that are to be performed remotely from the office)


These Tasks Supersede The Previously Agreed Tasks

These Tasks Are Additional To The Previously Agreed Tasks

**LOCATION DETAILS:**  
(Please specify the address from where you will be e-working and where you need the e-work facilities installed)


**SECTION 3: IT REQUIREMENTS**

**Hardware**  
(Tick the one applicable)

At work, do you use a desktop or a laptop?                      Desktop                       Laptop

**Software**

(Please list specific software / services / applications you need access to)

I need access to the standard Office Automation software only.

In addition to the standard Office Automation software, I need access to the following:

**Connectivity Requirements**

(Tick the one applicable)

Tier 1: Internet, E-mail

Tier 2: Internet, E-mail, VPN

Tier 3: VPN

**Section 4: Endorsements**

Employee

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/ Head of Department

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended  Not Recommended

**Section 5: Endorsement for HR Use Only**

Director responsible for People Management/Corporate Services \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Recommended

Not Recommended

Permanent Secretary  
Full Name:

Date:

Signature:

Approved

Not Approved   
(if not approved please provide reason)

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The information supplied in this application form shall be used exclusively by the employing Ministry for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.

**Section 6: Administrative Process for telework approval**

Name of teleworker: \_\_\_\_\_

Grade/Position of teleworker: \_\_\_\_\_

**Head of School can fill in this justification but only Head of College Network can endorse it.**

		Director/HCN
1.	Director/HCN is to <b>soundly justify</b> the request for telework.	
2.	List of duties that the employee will be performing during teleworking hours.	
3.	Will the Unit/Section/Directorate/Department work be negatively affected if telework is approved?	
4.	Will, due to this request and other already approved requests for telework, additional capacity building be requested?	
5.	Should this request be approved, will a precedent be set, and will the other employees within same unit/section/directorate/department be affected?	
6.	Is this request for definite period i.e. that it will not be renewed in the future?	
7.	Will the hours being requested as teleworked affect the performance of the employee?	
8.	Will the hours being requested as teleworked affect the performance of the service being given?	
9.	Does this request ensure that the service delivery is efficient and excellent?	
10.	<b>Signature of Director/HCN</b> Stamp & Date	

