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| **FRM – 125A****Member Teleservice Authorization and Verification Form** |

Washington Service Corps POL-125 *Managing Limited Teleservice by Members* must be read prior to initiating this form. Follow policy guidelines.

Teleservice cannot be initiated without Step 1 Authorization being completed.

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| **Member:** | Name:       |
| Service Site Location:       |
| Site Staff Name:       |
| **Teleservice:** | **Step 1: Authorization** |
| Date(s) of Teleservice:       | Location of Teleservice:        |
| Activities:       | Teleservice hours:       |
| Date(s) of Teleservice:       | Location of Teleservice:        |
| Activities:       | Teleservice hours:       |
| Date(s) of Teleservice:       | Location of Teleservice:        |
| Activities:       | Teleservice hours:       |
| Date(s) of Teleservice:       | Location of Teleservice:        |
| Activities:       | Teleservice hours:       |
| **Approval** | Site Staff Name:       | Date of Pre-Approval:       |
| **Step 2: Verification**Provide clear explanation and identify documentation of product or outcome:

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| **Total Hours of teleservice completed**:       |

*Site staff should verify through email communication with WSC SMSC that teleservice meets requirements of Policy 125 at least 14 days prior to the requested date of teleservice.* ***This for is to be******retained in member file at project site****.* |  |