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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:   |  | | --- | | **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****.* | | | |  |