



TELEWORK AGREEMENT FORM

EMPLOYEE INFORMATION

Employee Legal Name: _____

Employee ID: _____

Department Name: _____ Supervisor: _____

TELEWORK INFORMATION

Effective Date _____ From: _____ To: _____

Occasional/As Needed Telework

Regularly Scheduled Telework

Telework Hours:

Start Time: _____ Lunch Period: _____ - _____ Shift End Time: _____

TELEWORKING PROVISIONS

1. Employee's Teleworking Alternative Worksite location is as follows:

2. Employee will report and account for telework assignments as follows (Specific deliverables should be required for each shift):

3. Employee will attend, at the regular work site, the following meetings or events:

4. Employee will be reachable by text or voice at the following number during teleworking hours:

5. Employee will adhere to the following security measures and safeguards for confidential, privileged, private, personal, or other sensitive information and records:

6. County-Owned Property Arrangements:



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7. Teleworking is intended to be cost neutral to departments. An appointing authority has the sole discretion to fund or reimburse any teleworking related costs. Outline the expenses which may be reimbursed and the procedure for reimbursements:

8. Additional teleworking stipulations:

EMPLOYEE ATTESTATIONS

- I have read the Teleworking Policy (HR2409) and will comply with it.
- I will telework only in the Alternative Worksite listed above which is safe and free of hazards.
- I will adhere to the Use of County Technology Policy (A2611).
- I will adhere to department requirements for securing data and public records.
- I will adhere to all requirements to care for, secure, safeguard, and maintain all County-owned property as indicated in this agreement.
- I will immediately contact my supervisor if a problem with equipment or other issue prevents me from meeting the requirements of this agreement or my scheduled hours.
- I will not telecommute until this agreement is approved by my supervisor and the appointing authority or designee.
- I will check-in with my supervisor at the beginning of my shift and establish deliverables to be met by the end of the shift.
- I will make arrangements for dependent care during designated teleworking hours.

I will adhere to the terms and conditions of this agreement and I understand that failure to adhere to this agreement or the Teleworking Policy is grounds for revocation of teleworking privileges and, may result in disciplinary action, up to and including termination.

Employee Signature: _____

Date: _____

APPROVAL SIGNATURES

DEPARTMENT MANAGER

Signature: _____

Date: _____

DIRECTOR OR APPOINTING AUTHORITY

Signature: _____

Date: _____