

Temporary Telework Agreement

It is understood that telework days must be scheduled in advance and approved by the supervisor/manager. At certain times, it may be necessary for the telework schedule to be revised to ensure critical deadlines are met or to attend meetings. Any changes by the employee in the agreed upon schedule must be pre-approved, documented and appended to the Telework Agreement.

Employee Information

Employee #:

Name:

Job Title:

Department:

The following temporary telework schedule is being established for the period of:

Primary Telework Site (Address):

Number of Telework Days: /per week /per month

Telework Days of Week/Month (includes duty free lunch):

<u>Day</u>	<u>Start Time</u>	<u>End Time</u>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

The employee agrees to complete assignments to be worked on at home by the agreed upon delivery dates. The employee further agrees to report all time spent teleworking honestly and accurately. The supervisor/manager will provide the teleworker/employee with all work assignments.

I agree to accurately record and submit the hours I work while teleworking and to record leave accruals or unpaid time for hours not worked.

I understand and agree that I must comply with all procedures designed to protect sensitive County information, including information that is confidential, private, personal, or otherwise sensitive while teleworking.

I understand and agree that teleworking is not a substitute for dependent care.

I acknowledge that my designated workspace complies with all health and safety requirements.

Unless otherwise agreed with my supervisor/manager, I understand and agree that my department is not required to provide me with any equipment or supplies I may need while teleworking.

I have discussed this application and agreement with my supervisor. I agree to comply with all terms and conditions in this telework application and agreement. I understand that my teleworking agreement can be ended for a business reason at any time.

I understand that the terms of this Agreement will remain in effect until the Agreement is terminated or amended in writing by either of the parties, or the approved teleworking period ends.

I understand that management reserves the right to revoke the telework arrangement at any time and that it can be superseded by the need to report as a disaster service worker.

I have reviewed the conditions of this Temporary Teleworker Agreement with my manager/supervisor and agree to the conditions.

Employee Signature:

Date:

Department:

County Telephone Number:

Telework Address:

Telework Phone Number:

Manager/Supervisor Signature:

Date: