|  |  |
| --- | --- |
|  | **Telecommuting Agreement** |

This is an agreement between the       (agency) and       (employee) and shall cover the period from       through      .

This agreement establishes the terms and conditions of telecommuting. The employee agrees to participate in the telecommuting program and to abide by the conditions and requirements set forth in the agency’s Telecommuting Policy. The       (agency) agrees with the employee’s participation. **The employee’s signature on this agreement constitutes acceptance of the conditions and requirements listed throughout the Telecommuting Policy.**

**Designation of Alternate Workstation and Work Schedule**:

Primary Workstation:

|  |  |
| --- | --- |
| Address: |  |
| County: |  |
| Telephone number: |  |

Alternate Workstation:

|  |  |
| --- | --- |
| Address: |  |
| County: |  |
| Telephone number: |  |

See attached Work Schedule Request Form.

**Equipment Used in Alternate Workstation:**

The following table lists the agency or state equipment that will be used at the alternate workplace (attach additional documentation if needed).

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Inventory Number | Date Out | Date Returned |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Special Conditions or Additional Agreements: (List if applicable):

|  |
| --- |
|  |

**I have read and received a copy of the Telecommuting Policy and fully understand all the terms, conditions, provisions, and requirements of the policy. I agree to remain accessible and productive throughout my work schedule. I agree to communicate on a routine basis with my manager to receive assignments and for review of completed work. I will complete all assigned work according to procedures established by the manager, and according to guidelines and expectations stated in my performance plan.**

**I agree to immediately notify my manager of any situation that interferes with my ability to perform my duties. I will comply with any methods instituted by my manager to measure my productivity. I understand that my employing agency may terminate or modify the telecommuting arrangement at any time**.

**I understand that I must return agency equipment and supplies to my employer in the event that my employment with the agency ceases, or in the event that the telecommuting arrangement is discontinued for any reason. If I fail to return the equipment or supplies, or if I lose or damage the equipment or supplies, I understand that my agency may deduct the value of these items from my salary and/or final payment of annual and compensatory leave balances. I, therefore, authorize such deductions to be made in the event I fail to return such items as required, or in the event that I lose or damage such items. I understand that the failure to return these items as directed may result in criminal prosecution.**

By my signature below, I agree to abide by the terms and conditions of the agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Employee |  | Date | Employee PERNR |
|  |  |  |
| Manager |  | Date |
|  |  |  |
| Division Director |  | Date |
|  |  |  |
| Commissioner/Executive Director |  | Date |