

**Oregon Military Department**  
**TELEWORKING AGREEMENT**  
(Occasional, irregular basis)

<b><u>Employee Name:</u></b>	<b><u>Date of Request:</u></b>
<b><u>Work Unit/Location:</u></b>	<b><u>Immediate Supervisor's Name:</u></b>
<b><u>Teleworking Agreement Begins:</u></b>	<b><u>Date of Teleworking Agreement Review:</u></b>

**Work Schedule:**

The employee must gain agreement and approval from the supervisor prior to commencing telework. The agreed upon day(s) and schedule shall be documented by the manager. Managers use this information to verify time worked on time sheets.

The employee's work schedule remains the same while teleworking unless an official work schedule change is requested.

**Alternate Worksite:**

Generally, the agency does not reimburse the employee for travel between the alternate worksite and the central worksite.

Indicate type and address of alternate worksite:

Indicate alternate worksite telephone numbers:

Home address:

Home telephone number:

Satellite/Other address:

Cell number:

**Assignments**

Supervisors set expectations for job assignments to be completed on teleworking day(s). Employees are held to the same job requirements and expectations in effect while in the central worksite.

**Equipment:**

The agency is not responsible for any loss of or damage to private property used while teleworking. The state may pursue recovery from the employee for state property that is deliberately or negligently damaged or destroyed while in the employee's care, custody or control. Employees are advised to contact their insurance agent and tax consultant for information regarding home worksites.

Personal computer equipment used to telework must comply with agency security policies and practices. State information stored on personal electronic equipment is subject to public records requests and agency review.

In the event of equipment failure, the supervisor may assign the employee to another project or work worksite. The employee shall surrender all state equipment, data and documents immediately upon request. List equipment to be used at alternate worksite:

Item Description	Owner	Inventory # if state issued

**Information Security:**

According to State HR Policy 107.004.050, the security level of the information used at the alternate worksite is:

**Level I (Published):**

**Level II (Limited):**

**Level III (Restricted):**

**Level IV (Critical):**

Describe the measures being taken to secure the information and equipment at the alternate worksite?

What review period has been agreed upon for these security measures?

**Acknowledgment:**

The employee agrees to perform services for the employer as a "teleworker." Teleworking is voluntary and may be terminated at any time by either the employee or employer. Approval to telework does not imply a position is eligible for telecommuting.

The employee's salary, job responsibilities and benefits will not change because of involvement in teleworking. The employee agrees to comply with all existing job requirements and expectations in effect while in the central worksite.

The employee shall promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Management has discretion to determine whether to allow telework when an employee's dependents may be in the home during the teleworking hours. If approved, time the employee spends caring for dependents or on other personal business will not be counted as time worked. The employee must gain pre-approval from management prior to using any accrued leave.

I have read and understand State HR Policy 50.050.01 Telecommuting and Teleworking, procedures of my organization and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined. I agree that the sole purpose of this agreement is to regulate teleworking and that it neither constitutes an employment contract nor amends any existing contract.

**Signatures:**

Employee:

Date:

Supervisor:

Date:

Agency Information Security Officer: (Optional)

Date:

Agency Appointing Authority: (Optional)

Date: