

SAMPLE TELECOMMUTING AGREEMENT

(Fixed, regular basis)

<u>Employee Name:</u>			<u>Date of Request:</u>		
<u>Telecommuting Agreement Begins:</u>			<u>Date of Telecommuting Agreement Review:</u>		
<u>Justification for this agreement:</u> The reason for this agreement is: <input type="checkbox"/> Opportunity for improved employee performance <input type="checkbox"/> Agency savings <input type="checkbox"/> Work necessity <input type="checkbox"/> Reduced commuting miles <input type="checkbox"/> Other _____					
<u>Work Schedule:</u> Employee will telecommute on the following days and hours. Normal work hours are to remain the same while telecommuting. Discuss anticipated overtime and seek prior supervisory approval.					
Day:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Hours (start/finish):					
<u>Alternate Worksite:</u> 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: <input type="checkbox"/> Home: _____ <input type="checkbox"/> Satellite/Other: _____			Indicate alternate worksite telephone numbers: <input type="checkbox"/> Home telephone: _____ <input type="checkbox"/> Cell: _____		
Indicate features you will use while telecommuting: <input type="checkbox"/> Call Forwarding <input type="checkbox"/> Receptionist assistance <input type="checkbox"/> Voice Mail <input type="checkbox"/> Co-worker assistance			How will incoming calls be handled? _____ How will voicemail and e-mail be handled? _____		

Equipment:

The agency is not responsible for any private property used, lost or damaged. 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 telecommute 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 immediately assign the employee to another project or worksite. The employee shall surrender all state equipment, data, and documents immediately upon request. List of 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 is the review period for these security measures?

Other Arrangements:

Please describe additional conditions agreed upon by the employee and supervisor.

Acknowledgment:

The employee agrees to perform services for the employer as a “telecommuter.” Telecommuting is voluntary and may be terminated at any time by either the employee or employer.

Telecommuting does not change the employee’s salary, job responsibilities and benefits. The employee agrees to comply with all existing job requirements and expectations.

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

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 the terms and conditions outlined. I agree that the sole purpose of this agreement is to regulate telecommuting 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: