

Telecommuting Agreement

Name:	_____	Date:	_____
Title:	_____	District/Division/ Office:	_____
Supervisor:	_____	Current Work Location:	_____

This agreement specifies the conditions applicable to an arrangement for performing work at a telecommuting worksite on an occasional, short-term, or long-term basis. This agreement may end at any time if it is determined it is no longer time or cost effective, or the employee is not meeting the established performance measurements for the job function

General Provisions

1. Telecommuting does not modify the applicability of benefits, personnel policies, responsibilities, etc.
2. Work quality and quantity shall not decrease as a result of the telecommuting arrangement, nor shall the level of customer service expected of the employee.
3. The employee agrees to remain accessible during designated work hours, and understands that management retains the right to modify this agreement as a result of business necessity.
4. The employee is required to take precautions at the telecommuting work location to ensure the security of data and other confidential information.
5. The employee agrees to use department-owned records and materials for purposes of department business only, and to protect them against unauthorized or accidental access, use, modification, duplication, destruction, or disclosure. The employee agrees to report to the supervisor instances of loss, damage, or unauthorized access at the earliest reasonable opportunity.
6. The employee understands that all records and materials provided by the department shall remain the property of the department.
7. The employee is responsible for exercising due care and maintaining his/her telecommuting worksite, as used in conjunction with this program, free of obvious hazards. The employee agrees to report any work-related injuries to the supervisor at the earliest reasonable opportunity. If a workers' compensation claim is filed for an incident occurring at the telecommuting worksite, the employee must make the site of the incident available to claim investigators.
8. The employee agrees to hold the department harmless for damages to real or personal property or injury to others at the alternate work site as a result of participating in the telecommuting program.

Telecommuting Agreement

- 9. The employee understands that he/she may experience changes to personal tax liabilities or insurance. Compliance with tax and insurance laws are the responsibility of the employee. The employee is encouraged to consult with his/her personal tax and/or legal advisors before entering this agreement.

- 10. The employee has read and understands Personnel Policy 0513, "Telecommuting/Remote Work."

- 11. The employee has completed the Telecommuting Worksite Safety Checklist.

District/Division/Office Specific Provisions (if needed)

Technology/Equipment

Regarding space and equipment purchase, set-up, maintenance, and required data security procedures, the following is agreed upon:

Accessibility/Communication

Recognizing that effective communication is essential for this arrangement to be successful, the following methods and times of communicating are agreed upon (including frequency, expectations of such, and who is to be contacted as backup):

Telecommuting Agreement

Telecommuting Worksite/Schedule

The normal work location is: _____
(specify employee's assigned central work location)

Days and hours when the employee will normally work at this location are:

The telecommuting worksite is: _____
(specify telecommuting worksite location)

Days and hours when the employee will normally work at this telecommuting worksite are:

Changes to the work schedule, including additional hours involving overtime at any worksite, must be approved in advance by the supervisor. Annual leave, sick leave, and overtime shall be requested and approved by the supervisor using the following manner:

I hereby affirm by my signature that I have read this Telecommuting Agreement and understand and agree to all of its provisions.

Employee Signature

Date

Supervisor Signature

Date

District Engineer/Division Leader/State Engineer
or Designee Signature

Date

The supervisor should retain this original agreement, and provide one copy to the local Human Resources office and one copy to Central Office Human Resources.