



Telework Agreement

EMPLOYEE NAME

EMPLOYEE PERSONNEL NUMBER

OFFICE/SECTION

SUPERVISOR NAME

EMPLOYEE JOB TITLE

EMPLOYEE HIRE DATE (current position)

Work Locations

Primary Worksite	Remote Worksite
Office Building:	Home Address:
City:	City:
Office Phone Number:	Cell Number:

E-mail Address

Work Schedule: Indicate Hours and Location (O = Office & T = Telework)

5-8 Schedule	4-10 Schedule	9-4 Schedule	9-8 Schedule	Other
(Work hours are the same regardless of work location. Workday begins no earlier than 6:00 a.m. and ends no later than 6:30 p.m. Lunch break of 30, 45 or 60 minutes.)				

WEEK#1	Work Hours	Lunch Period	Location (O or T)	WEEK#2	Work Hours	Lunch Period	Location (O or T)
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			
Sunday				Sunday			

Employee Certification

I CERTIFY THAT:

- I have read, understand and intend to fully comply with the terms and provisions of Statewide Personnel Policy No. 3 - Telework
- The privilege of working remotely is not a right and does not change the terms or conditions of my employment
- The privilege of working remotely may be modified, suspended or rescinded at any time at the discretion of the agency
- I will work only from my designated Remote Worksite on the days that I am authorized to telework
- I will work only during my designated schedule while teleworking unless authorized to work overtime
- I will comply with all policies and procedures and Civil Service Rules while teleworking
- I will satisfy all business responsibilities, objectives, goals, timelines and deadlines while teleworking
- I will maintain a safe, dedicated workspace in my home to be principally used for teleworking
- I will maintain, at my cost, the technology required to perform my job duties while teleworking
- I will properly use, secure and safeguard all state-owned equipment provided for my use while teleworking
- I will ensure the privacy and confidentiality of records, information and documents while teleworking
- I will promptly report to the Primary Worksite on telework days if instructed to do so by my supervisor
- I will remain accessible, responsive and productive throughout the scheduled workday while teleworking
- I will not conduct in-person business meetings at my Remote Worksite
- I will not engage in personal activities during the scheduled workday unless in approved leave status
- I fully understand that telework is not a substitute for dependent care
- I will timely and accurately document all remote work hours utilizing the ZTEL time code in LEO
- I will promptly report to my supervisor any loss or damage to the equipment provided for my use while teleworking
- I will be liable for any loss or damage to state-owned equipment caused by my fault or negligence
- I will timely return all state-owned equipment, hardware, records, work papers and supplies upon suspension or rescission of the telework privilege
- I will comply with all reporting required by my supervisor to document my work activities while teleworking
- I will immediately notify my Safety Coordinator and Human Resources of any work-related accident or injury while teleworking
- I will timely report any changes to my home address and/or cell phone number to my supervisor and Human Resources
- I will immediately report to my supervisor any occurrence which precludes my ability to telework (loss of electricity, VPN or internet connectivity failure, equipment malfunction, home emergency, etc.)
- If unable to remotely perform my duties, I will report to the Primary Worksite or take leave as directed
- If in-person service, repair or support of state-owned equipment assigned to me is necessary, it is my responsibility to promptly bring the equipment to the Primary Worksite for servicing
- I will be accessible during work hours by email, text, cell phone and instant messaging while teleworking
- I will be connected to appropriate Virtual Private Network (VPN) at all times while teleworking
- This Telework Agreement is not subject to flexibility and will remain in effect for no less than one year
- Personal use of state-owned equipment and supplies is prohibited, including during non-work hours
- I have and will continue to complete all required telework training courses to maintain eligibility for telework

Employee Signature

Date

Supervisor Certification

I CERTIFY THAT:

- I have read and fully understand the terms and provisions of Statewide Personnel Policy No. 3 - Telework
- I have discussed the terms and provisions of the policy with this employee
- This employee satisfies the eligibility requirements for telework and is suitable for telework
- This employee's position is suitable for telework and the employee has been provided a laptop and required peripherals to remotely perform job duties
- The requested work schedule and location will not adversely impact office coverage or productivity
- I will monitor and track this employee's performance, productivity, accessibility, responsiveness and attendance
- I will ensure the Telework Agreement is updated if the employee's Remote Worksite location changes
- I will timely report to my supervisor identified deficiencies in this employee's performance and behavior

Supervisor Signature

Date

Agency Authority Authorizing Telework as Approved by Commissioner of Administration

Appointing Authority Name (please print)

Appointing Authority Title

Appointing Authority Signature

Date

FOR HUMAN RESOURCES USE ONLY

Approved Agreement Received by: _____

Date: _____