

I. EMPLOYEE INFORMATION

Name:		Job title:	
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II. TELECOMMUTE INFORMATION

This agreement will run from:	Click here to enter a date.	to	Click here to enter a date.
Telecommute schedule days:			
Work hours:			
Designated work location:	Choose an option.		
If other, please specify:			

Telecommuting Equipment

Required equipment:	Indicate if your equipment is County-owned or personal:
<input type="checkbox"/> Computer	Choose an option.
<input type="checkbox"/> Printer	Choose an option.
<input type="checkbox"/> Other (please specify below): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Choose an option.
Required supplies (please specify below):	Indicate if your supplies are County-owned or personal:
•	Choose an option.
•	Choose an option.
•	Choose an option.
Required software/systems:	
<input type="checkbox"/> County network (VPN access)	
<input type="checkbox"/> Email	
<input type="checkbox"/> List other(s) below: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Telecommuting Work Plan

Work you will perform while telecommuting:

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Method of communication while telecommuting:		
<input type="checkbox"/> Phone	Phone number:	
<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Text	Phone number:	
<input type="checkbox"/> Other (please specify):		
At a minimum, how many times will you check your voicemail on your work phone each day?		Choose an option.
How do you plan to check in with your supervisor?		

III. EMPLOYEE ACKNOWLEDGEMENTS

<input type="checkbox"/>	I have read and will follow: <ul style="list-style-type: none"> The Telecommuting Program Policy
<input type="checkbox"/>	I understand and agree that telecommuting is a privilege, not a right, and is not subject to the grievance process.
<input type="checkbox"/>	I understand and agree that I am responsible for maintaining the safety and security of County equipment, supplies, and information while telecommuting.
<input type="checkbox"/>	I understand and agree that I must comply with all procedures designed to protect sensitive County information, including information that is confidential, private, personal, or otherwise sensitive while telecommuting.
<input type="checkbox"/>	I acknowledge that my designated workspace complies with all health and safety requirements.
<input type="checkbox"/>	I agree to accurately record and submit the hours I work while telecommuting.
<input type="checkbox"/>	I understand and agree that I must come into the office on a regularly scheduled telecommute day when my department requires me to do so.
<input type="checkbox"/>	I understand and agree that my department is not required to provide me with any equipment or supplies I may need while telecommuting.
<input type="checkbox"/>	I agree to comply with all terms and conditions in this telecommute application and agreement. I understand that my telecommuting agreement can be ended for a business reason at any time.

Employee Name/Signature (if required)	Date
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IV. DEPUTY DIRECTOR/BUSINESS ADMINISTRATOR, OR DESIGNEE REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved this telecommute agreement.