

## 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

(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- The privilege of working remotely may be modified, suspended or rescinded at any time at the discretion of the agency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

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Employee Signature

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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: \_\_\_\_\_