

DIVISION OF ADMINISTRATION

Telework Agreement

EMPLOYEE NAME

EMPLOYEE PERSONNEL NUMBER

OFFICE/SECTION

SUPERVISOR NAME

EMPLOYEE JOB TITLE

EMPLOYEE HIRE DATE

TO BE COMPLETED BY EMPLOYEE:

1. Work Locations

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

2. Work Schedule Requested: 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			

3. Employee Certification

I CERTIFY THAT:

- I have read, understand and intend to fully comply with the terms and provisions of DOA Personnel Policy No. 89
- 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- The privilege of working remotely may be modified, suspended or rescinded at any time at the discretion of DOA
- 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 DOA policies and procedures and the 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 DOA equipment provided for my use while teleworking
- I will ensure the privacy and confidentiality of DOA 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
- I may be liable for any loss or damage to DOA equipment caused by my fault or negligence
- I will timely return all DOA 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 by my supervisor
- If in-person service, repair or support of DOA-issued equipment is necessary, it is my responsibility to bring the equipment to the Primary Worksite for servicing
- I will be accessible during work hours by email, text and cell phone while teleworking, and, if possible, forward calls from my office phone to my cellphone on telework days
- I will be connected to DOA's Virtual Private Network (VPN) at all times while teleworking
- This Telework Agreement is not subject to flexibility and will remain in effect for six months
- Personal use of state-issued 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

TO BE COMPLETED BY SUPERVISOR:

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

Approve requested schedule? Yes No

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			

2. Equipment Issued: Laptop Monitor Keyboard Mouse Other _____

3. Supervisor Certification

I CERTIFY THAT:

- I have read and fully understand the terms and provisions of DOA Personnel Policy No. 89 – Telework
- I have discussed the terms and provisions of DOA Personnel Policy No. 89 with this employee
- This employee satisfies the eligibility requirements for telework
- This employee is suitable for telework
- This employee’s position is suitable for telework
- I will monitor and track this employee’s performance and productivity
- I will monitor and track this employee’s accessibility, responsiveness and attendance
- This employee’s work schedule and location will not adversely impact office coverage
- I will ensure the Telework Agreement is updated if the employee’s Remote Worksite location changes
- This employee has been provided a laptop and required peripherals to remotely perform job duties
- I will timely report to my supervisor identified deficiencies in this employee’s performance and behavior

Immediate Supervisor’s Signature

Date

4. Supervisor Recommends Telework: Yes No

Immediate Supervisor’s Signature

Date

TO BE COMPLETED BY SECTION HEAD:

Section Head Recommends Telework: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
Section Head's Signature	Date

TO BE COMPLETED BY HUMAN RESOURCES DIRECTOR:

1. Human Resources Review: Recommended Telework Schedule Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
Human Resources Director's Signature	Date

2. Explanation if Denied:
