

DIVISION OF ADMINISTRATION

Telecommuting Work Agreement

EMPLOYEE NAME (Last, First, M.I.)

PERSONNEL NUMBER

JOB TITLE

PRIMARY WORK LOCATION

1. The following work locations and schedules are requested in support of the Telecommuting Work Agreement:

Main Office (Section) Workplace or Primary Work Site	Telecommuting Location or Alternate Work Site
Section:	Designated Area:
Address:	Address:
Phone Number(s):	Phone Number(s):
E-mail Address:	E-mail Address:

Work Schedules - Indicate Hours and Location ((T =Telecommute or A = Agency)

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

Time and attendance will be tracked in the same manner as at the primary work site. In the event that time and attendance cannot be submitted electronically, the employee may have to report to the primary worksite at the end of each pay period to submit any required documentation.

2. DOA assets to be used at the employee's residence or other approved alternate work location.
(check applicable items and provide Property Control tag and/or serial numbers where applicable)

	Asset Name	State Tag Number	Serial Number
<input type="checkbox"/>	Laptop		
<input type="checkbox"/>	Monitor		
<input type="checkbox"/>	CPU		
<input type="checkbox"/>	Keyboard		
<input type="checkbox"/>	Mouse		
<input type="checkbox"/>	Docking Station		
<input type="checkbox"/>	Power Strip		
<input type="checkbox"/>	Cell Phone/Blackberry		
<input type="checkbox"/>	In-house Phone		

<input type="checkbox"/>	Printer		
<input type="checkbox"/>	Router		
<input type="checkbox"/>	Broad Band Access		
<input type="checkbox"/>	Shredder		

3. DOA or other information systems and software to be accessed from employee's residence or alternate work site:

4. Job duties/tasks to be performed away from primary work site; specify any assigned job duties that cannot be performed away from the primary work site: (additional pages may be attached if necessary)

5. Describe manner and frequency of communication, availability for telephone, e-mail contact, FAX, etc.:

6. Describe how productivity will be monitored or list the performance indicators that will be evaluated:

7. Comments on employee's characteristics, prior work performance, attendance and absenteeism, etc.:

8. Additional Comments:

Employee's most recent PPR rating: ____	Employee's Anniversary Date: ____
-----------------------------------------	-----------------------------------

9. **APPROVAL OF TELECOMMUTING REQUEST** (Both the immediate supervisor and the section head must approve the request for it to go into effect.):

(Immediate Supervisor Section)

Yes No _____ _____
Immediate Supervisor's Signature Date

If denied, provide explanation:

(Section Head Section)

____ Yes

____ No

Section Head's Signature

Date

If denied, provide explanation:

Term of Agreement

This Agreement shall become effective as of the date below.

Provisions for Cancellation of Agreement

Employee's participation as a telecommuter is voluntary and is available only as long as Employee is deemed eligible at the Division of Administration's sole discretion. Telecommuting at an alternate work location is not an entitlement or benefit of employment. Either party may cancel Employee's voluntary participation as a telecommuter, with or without cause, upon reasonable notice thereof, in writing, to the other. The Division of Administration will not be held responsible for costs, damages, or losses resulting from cessation of participation as a telecommuter. This agreement is not a contract of employment and may not be construed as one.

I have read and understand this Agreement and the Telecommuting Policy and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and that it does not constitute an employment contract or an amendment to any existing contract and may be cancelled at anytime. I agree that, among other things, I am responsible for adhering to any agreed-upon work schedule, furnishing and maintaining my alternate work site in a safe manner, employing appropriate security measures, proper maintenance of DOA equipment, damages to DOA equipment resulting from gross negligence, damages or loss to my personal equipment, cost of local phone calls, and protecting DOA and state assets, information and systems.

DOA's Right to Monitor Work Product and Inspect Alternate Work Site

As a condition of this telecommuting agreement, I acknowledge and agree to allow the DOA to the monitoring of my e-mail, electronic review of my work, unannounced visits or inspections at my alternate work site during normal business hours, and/or any other method used to adequately document and judge my work product and performance.

Work Agreement Effective Date

Work Agreement Ending Date

Employee's Signature

Date

Supervisor's Signature

Date

Section Head's Signature

Date

The work agreement was modified on: _____

Date

A copy of the Telecommuting Work Agreement must be provided to the employee and the DOA Office of Human Resources. Any subsequent revisions of the agreement must also be provided to these parties.