Telework Agreement

Employee Name:

Check if OPS

Cannot be blank

Program: Select...

Position Number: 7300

Title:

People First Number:

Supervisor Name:

Org Code:

Section:

Location Building:

Location City:

Effective Date of Agreement:

Telework Schedule at Alternative Work site: (subject to change upon approval)

○	20%	up to 40 hours per month
○	40%	41 to 80 hours per month
○	60%	81 to 120 hours per month
○	80%	121 to 140 hours per month
○	100%	160 or more hours per month
	Input other percentage	

Please describe below any variations to the telework schedule, such as rotating telework schedules, half days, or days when the employee must work in the office:

☐ **I certify I will use approved safeguards to protect Department equipment, information and supplies in accordance with all Department policies, procedures and the Alternate Worksite Safety Checklist.**

☐ **I understand that, in accordance with the Department's Telework Policy (Policy), if the Department office or facility, or any portion thereof, which is designated as my official work headquarters, is closed due to a non-emergency or non-disaster condition, as that term is defined in the Policy, or if my home has been designated as my official work headquarters and is not impacted by the closure, I am required to continue to perform my assigned work duties at the approved alternative worksite, and will not receive special compensatory leave credits for work performed during the period the office or facility, or portion thereof, is closed.**

Employee Signature:

Date: 8/29/2024

CLOSE FORM

SUBMIT