



## VOLUNTARY TELECOMMUTING AGREEMENT

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Telecommuting Period: From: \_\_\_\_\_ to \_\_\_\_\_

### Telecommuting conditions:

1. Will the teleworker maintain a workstation or office at the central workplace when this telework agreement takes effect?  Yes  No

If not, what changes will occur? \_\_\_\_\_  
\_\_\_\_\_

2. What will the telecommuting schedule be?

**Fixed:** Telework days and hours are scheduled and will not be substituted without advance approval of the manager.

Telework Days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Telework Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Lunch: \_\_\_\_\_ to \_\_\_\_\_

Total Hours Per Day: \_\_\_\_\_

**Flexible:** Telework days may fluctuate weekly and will be mutually agreed upon by the supervisor and the employee.

Telework days permitted each week: \_\_\_\_\_ Hours of work permitted each week: \_\_\_\_\_

3. Employee's primary telecommuting workplace location: \_\_\_\_\_

***(A change in the location, workdays and/or hours must be approved in advance by the supervisor)***

4. Describe in detail the designated work area in the remote location:

5. The following work will be completed by the employee in accordance with work procedures and expectations established by the supervisor. *(Describe assigned work duties to be completed remotely. If the employee is performing all duties of their position, per their Job Description, please indicate "all duties".)*

6. Employee’s work will be evaluated by the supervisor in the following manner and within expectations established by the supervisor:

7. The following equipment will be used by the employee at the remote site location:

ITEM	DESCRIPTION/TAG ID	CITY OWNED	EMPLOYEE OWNED
Computer			
Printer			
Phone			
Other			

***The above list must be updated if equipment is returned to the City or new equipment is issued. It is the supervisor’s responsibility to ensure accurate records are kept of all City issued equipment.***

8. Expectations for communications, including any technologies to be used by the employee:

- a. Employee will forward City phone to personal phone.     **Yes**    **No**
- b. Employee will use department admin assistant or others to receive phone messages.    **Yes**    **No**
- c. Employee will regularly use video conferencing to communicate with other City Staff, citizens, vendors, and others outside the City.    **Yes**    **No**
- d. Employees will check voicemails and emails daily and/or call into the office to retrieve messages (if applicable) no less than \_\_\_\_\_ times per workday.
- e. Employee will communicate with their direct co-workers, as needed, but no less than \_\_\_\_\_ times per:    **Day**    **Week**
- f. Employee will communicate directly with their supervisor, as needed, but no less than \_\_\_\_\_ times per:    **Day**    **Week**
- g. Other: \_\_\_\_\_

9. All work-related supplies needed by the employee will be obtained from the City. ***Out-of-pocket expenses for supplies will not be reimbursed to the employee.***

10. Additional telecommuting conditions specified by the supervisor:

**Terms of Agreement**

Date Telecommuting begins: \_\_\_\_\_

Date Formal Telework Review (minimum of annually): \_\_\_\_\_

**Signatures:**

I have reviewed the above information with the employee prior to signing this agreement.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand this telecommuting agreement is not an employment contract and may not be construed as such. I acknowledge that I have read, understand, and agree to comply with the terms set forth in the City Telecommuting policy, procedures, and the terms of this agreement. I understand the supervisor may discontinue the telecommuting agreement at their discretion without the need to show any type of cause. I further agree to return all City-owned equipment and records in the event I terminate employment with the City or transfer to another City department/position.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval:**

**Department Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Review:**

**HR Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_