**Interim Telework Information Agreement**

This document is intended to ensure that both the director and the employee have a clear, shared understanding of the employee’s telework arrangement. Each telework arrangement is unique depending on the needs of the position, director, and employee. This form can be adapted as necessary.

This telework agreement is not a contract of employment and does not provide any contractual rights. It does not alter or supersede the terms of the existing employment relationship. Teleworking may not be suitable for all employees as some positions are responsible for providing in person service and on-site presence. There is no assurance on the opportunity to telework or to the continuation of telework.

## Employee Telework Information

|  |  |
| --- | --- |
| Employee Name: | Click or tap here to enter text. |
| Person Number: | Click or tap here to enter text. |
| Classification Title: | Click or tap here to enter text. |
| Department: | Choose an item. |
| Director: | Click or tap here to enter text. |
| Arrangement requested by: | Employee Employer |
| Location where telework will be performed: | Click or tap here to enter text. |
| Telework arrangement effective dates: | Click or tap to enter a date.—Click or tap to enter a date. |

## Job Duties

The general expectation for a telework arrangement is that the employee will effectively accomplish their regular job duties, regardless of work location. If there are telework-specific job duties and/or expectations, specify them in the box below, or enter N/A.

|  |
| --- |
| Sample text: Employee will indicate telework days in their email communication; describe specific expectations or job duties, how communication between director and employee will be established and maintained, overall expectations etc.  Click or tap here to enter text. |

## Work Schedule and Location

|  |  |  |
| --- | --- | --- |
| **DAY OF WEEK** | **WORK HOURS** | **WORK LOCATION** |
| Sunday | Click or tap here to enter text. | Click or tap here to enter text. |
| Monday | Click or tap here to enter text. | Click or tap here to enter text. |
| Tuesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Wednesday | Click or tap here to enter text. | Click or tap here to enter text. |
| Thursday | Click or tap here to enter text. | Click or tap here to enter text. |
| Friday | Click or tap here to enter text. | Click or tap here to enter text. |
| Saturday | Click or tap here to enter text. | Click or tap here to enter text. |

## Telework Arrangement Modification

Either the employee or their department may end an employee requested telework arrangement by providing no fewer than 3 days’ written notice. All employee-proposed changes are subject to departmental approval.

Telework agreements should be reviewed periodically. Ad-hoc modifications to this agreement should be discussed between the employee and director. Long-term or substantive modifications should be documented by revising this agreement.

## Telework Review

Specify a date to meet and discuss the effectiveness of the telework arrangement, or enter N/A.

|  |  |
| --- | --- |
| 90 day Telework plan review date: | Click or tap to enter a date. |

## Equipment and technology access

The employee and employer agree to work together to ensure that the alternate worksite has adequate connectivity if deemed necessary, is safe and ergonomically suitable. A specific workspace shall be designated as an alternate work location during the employee’s working hours. Worker’s compensation liability is limited to the designated workspace as opposed to all areas of the alternate work location. Specify any equipment or technology access the employee will need to telework and whether it will be employee or employer provided. In the event of equipment failure or service interruption, the employee must notify employer immediately to discuss alternate assignments or other options.

|  |  |  |
| --- | --- | --- |
| EQUIPMENT | PROVIDED BY | RESPONSIBLE FOR LOSS OR DAMAGE |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Additional details

Click or tap here to enter text.

## Childcare Acknowledgement

The employee acknowledges that adequate childcare (if applicable) is in place and that the employee will not be providing childcare during the assigned work hours. Click or tap to enter employee initials.

## Policies and Procedure Acknowledgement

|  |  |
| --- | --- |
| POLICIES AND PROCEDURE ACKNOWLEDGEMENT | EMPLOYEE INITIALS |
| I have read and understand Human Resources’ Telework Parameters and Process. | Click or tap to enter employee initials. |
| I have read and understand any departmental telework policies. | Click or tap to enter employee initials. |
| I have read and understand any city policies and procedures. I agree to read, understand, and adhere to any new or amended policies of the above implemented during the interim telework time period. I acknowledge that I have a suitable workspace and equipment for this telework assignment. | Click or tap to enter employee initials. |

Employee signature Click or tap here to enter text. Date:Click or tap to enter a date.

Director signature Click or tap here to enter text. Date:Click or tap to enter a date.

\*Electronic signature shall be accepted in lieu of a physical signature