



TELECOMMUTING AGREEMENT

Employee Name		Date:	
Department:		Section:	

Effective Date of Telecommuting Schedule:	
Expiration Date of Telecommuting Schedule:	

*Normal work schedule.
All work occurring outside of these days/hours must be pre-approved
by your supervisor/Department Head.*

Day of the Week	Work Hours (Example: 8:00am-4:00pm)	Location (Telecommuting Location or Principal Work Location)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

TELECOMMUTING LOCATION

Physical Street Address					
City:		State		Zip Code	
Phone Number		Fax			
Email Address					

EQUIPMENT/SUPPLIES:

The employee is responsible for all equipment and supplies used during the telecommuting schedule. The employee must follow normal supply procurement procedures for obtaining supplies. All county owned equipment and unused supplies must be returned when the telecommuting agreement ends.

List any equipment and/or supplies to be used at the telecommuting location. *Employee owned equipment will be approved on a limited basis.*

Item Type	Fixed Asset Number	Serial Number	New Purchase? (Yes/No)	County Owned or Employee Owned

List Communication Expectations of the employee. Include frequency or type of contact, process of requesting leave, contact during telecommuting hours, etc...

List how telecommuting work will be monitored or evaluated and any special instructions, conditions, restriction, or exceptions relating to this telecommuting agreement:

TERMS and CONDITIONS:

I AGREE.....

- To perform services for Bayfield County as a telecommuting employee. I understand and accept that telecommuting is a management tool to be used at the discretion of my department and is voluntary. As such, it may be changed or terminated at any time.
- Not to conduct personal business while in telecommuting status at my telecommuting location.
- That telecommuting is not a substitute for dependent care.
- That my duties, responsibilities, obligations, and conditions of employment are not affected by telecommuting. My salary and benefits are also not affected by telecommuting.
- To comply with the work hours established in this agreement.
- That any and all overtime hours must be pre-approved by my supervisor.
- To establish a telecommuting office and ensure that the telecommuting location will accommodate any county equipment necessary for me to conduct my work.
- To protect the telecommuting location from hazards and dangers that could affect the equipment and ensure my telecommuting location is conducive to work.
- To return all county-owned equipment and supplies immediately upon cancellation of the telecommuting agreement or when my employment with the county ends.
- That if I provide the equipment, I am solely responsible for servicing, maintaining, and replacing it unless otherwise indicated in this agreement.

- To use any and all county-owned equipment, software, data and supplies, located at my telecommuting location for the sole purpose of conducting county business.
- To grant permission to my department, with proper notice, to inspect my telecommuting location to ensure proper maintenance of county-owned property.
- That the department may also inspect my telecommuting location to ensure it conforms with safety standards and other specifications in this agreement and policy guidelines.
- To notify my supervisor immediately if I experience equipment malfunctions or other obstacles which prevent me from working on my telecommuting assignment. I understand that I may be assigned other work, be asked to report to my principal work location, or be asked to take approved leave pending the repair of the equipment.
- That my telecommuting location is an extension of the county and therefore, I am governed by the provisions of worker's compensation during the agreed-upon telecommuting schedule.
- To report any job-related accident or incidents during my telecommuting hours to my supervisor immediately.
- To safeguard data in accordance with all laws, regulations, and policies regarding data privacy.
- That all products, documents, reports and data created as a result of my work-related activities are owned by the county and will be returned to the county as requested, as needed, or when this agreement ends.
- That my supervisor and I have discussed a communications strategy, and that it has been outlined in this agreement, and I will follow it throughout the term of the telecommuting agreement.
- That if I fail to meet performance expectations and standards, my telecommuting arrangement will be ended.
- That I have read, understand, and agree to the Bayfield County Telecommuting policy and the terms and conditions specified in this agreement.
- That I acknowledge that telecommuting is a voluntary work arrangement and not an employee right. As such, the department can change, modify, or terminate this agreement at any time at its discretion.
- That I am expected to comply with all county and departmental policies, guidelines, rules, regulations, and State/Federal laws while I am telecommuting in the same manner as if I was working at the principal work location.

Employee Signature		Date	
Supervisor Signature		Date	
HR Representative		Date	

TELECOMMUTING AGREEMENT STATUS REVIEW:

At a minimum, the Telecommuting Agreement, including the plan and deliverables will be reviewed within 3 months of when the initial agreement is signed. During the review, managers and the telecommuting employee should document what is or is not working well and note any modifications to the plan or deliverables/expectations going forward. If modifications are made, a follow-up review date must also be set within 3 months. Use the space below to document the Review discussion.

Date of Review:

Employee Signature		Date	
Supervisor Signature		Date	