



TELEWORKING AGREEMENT FORM

Name _____ Title _____

Department _____ Supervisor _____

As a teleworker you must participate in a training program before beginning to telework. The training will focus on the telework policy, alternative work place safety, work performance, and the telework agreement.

Duration

Please list the length of time you will be participating in the telework policy. Not to exceed 12 weeks

FROM _____ TO _____

_____ Employee Initials

_____ Supervisor Initials

Extension of the term require re-authorization by completing a new Telework agreement.

COMMUNICATION AND ACCESSIBILITY

Return calls and email promptly. Retrieve messages. Have all calls forwarded to you, or your voice mail.

List below the expectations as a supervisor that you will be requiring the employee to check in or contact you daily.

_____ Employee Initials _____ Supervisors Initials.

You will be given a Village Cell phone to use for business related calls. _____ Employee Initials

Telework is performed during assigned work hours, up to a specific number of days per week. The number of hours spent teleworking varies by employee. Telework does not change the number of hours and the employee is expected to work. Any changes in work hours are to be approved in advance by the supervisor, including request for overtime. Teleworkers who are not exempt from overtime will be required to record all hours in a manner designated by the Village. Hours worked in excess of those specified per day and per week, in accordance with state and federal requirements, will require the advance approval of the supervisor. Failure to comply with this requirement can result in immediate cessation the telework agreement.

Hours to work daily and weekly:

Daily_____Employee Initials _____Supervisor Initials

Weekly_____Employee Initials _____Supervisor Initials

Employee Signature_____Date_____

Supervisor Signature_____Date_____

Human Resources_____Date_____