



# TELECOMMUTING APPLICATION/AGREEMENT

Employee Name:	Employee ID:
Date of Agreement:	Department Name:
Effective Date:	Supervisor Name:

The City may approve employees the opportunity to work at alternate work locations for all or part of their workweek in order to promote general work efficiencies. Alternate work locations may include employees' homes or other approved locations. The City will determine the positions that best qualify for a telecommuting option, such as those that can effectively accomplish the essential job functions away from the central workplace (e.g., City Hall). Telecommuting is at the City's option and viewed as a benefit to both parties. Either party may end the telecommuting arrangement at any time.

Alternate worksite address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Description of your alternate work site: \_\_\_\_\_

The following are options for a telecommuting schedule (please select all that apply):

Frequency:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Once per month</b><br><input type="checkbox"/> <b>Every other week</b><br><input type="checkbox"/> <b>Every week</b> | <input type="checkbox"/> <b>Multiple days per week:</b> _____<br><input type="checkbox"/> <b>Full-time with weekly office visits</b><br><input type="checkbox"/> <b>Occasionally</b> (for special projects or as allowed by my supervisor) |
|--|--|

Duration:

- This is a Permanent schedule change**
- This is a Temporary schedule change:** This telecommuting schedule will end on \_\_\_\_\_
- End Telecommuting Schedule:** End the telecommuting work schedule and return to a traditional 5/8 schedule.

***Telecommuting Plan: Indicate in-office and alternate worksite hours for entire workweek.***

**NOTE: The schedule is firm and CANNOT be changed from week to week, unless your supervisor requires on-site presence, in which your telecommuting day may be altered.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
At alternate worksite							
At regular worksite							
Lunch							
Hours/Day							

## TELECOMMUTING APPLICATION/AGREEMENT

Managers and supervisors have the responsibility to establish work schedules that accommodate operational priorities in their departments or work groups. Your supervisor will advise you of the work hours associated with your position. Managers and supervisors have discretion to approve alternative work schedules on a temporary or ongoing basis if the supervisor believes that the alternative schedule will not impact operational needs or otherwise be inconsistent with the City's interests. Approval may be withdrawn in the event the supervisor determines that the arrangement is not in the City's best interests. Managers and supervisors also have discretion to require alternative work schedules where necessary to meet operational needs.

Modifications to this agreement must be made using this form.

I have read and understand the City's Telecommuting policy (4.14). I agree to the City's obligations, responsibilities, and conditions for telecommuters and agree to abide by its conditions. I understand I am responsible for complying with City policies and procedures while teleworking.

I agree that I am responsible for complying with specific scheduled telecommuting hours, establishing and maintaining an alternate worksite in a safe manner, employing appropriate security measures, and protecting the City's equipment and information.

I understand and accept the special responsibility of a telecommuter to facilitate communication with my supervisor, colleagues, and clients. I further accept the responsibility to stay up to date on City events, which may affect my work, that occur on my telecommuting days.

### SIGNATURES:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager/Director Name

\_\_\_\_\_  
Date

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*Received and Processed by HR:*

Initials

Date