

Travis County

Telework Agreement and Checklist

Section 1. To be completed by the supervisor and employee after a request to telework is approved.							
Employee Name	Position Title	Employee ID	Proposed Begin Date				
Telework Hours							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In office Hours							
At- Home Hours							
Employee's Office Location				Employee's Telework/Home Address			
The following are requirements which the employee must adhere to while Teleworking, e.g. Overtime/Compensatory policy (attach additional sheets if necessary):							
Supervisors Signature				Date			
Section 2. To be reviewed and completed by the supervisor and employee.							
This checklist provides general guidance and orientation to supervisors/managers and teleworkers. Each item should be checked on the left hand column indicating that this item was discussed and the employee and supervisor have a mutual understanding and agreement of telework expectations.							
<ul style="list-style-type: none"> <input type="checkbox"/> Supervisor has received approval for the position to telework from department head and/or designee. <input type="checkbox"/> The job functions and position are suitable for telework. <input type="checkbox"/> Supervisor identified employee as suitable for telework. <input type="checkbox"/> Employee meets eligibility requirements per Telework policy and program requirements. <input type="checkbox"/> Employee has read the Travis County Telework policies <input type="checkbox"/> Employee has been provided with a schedule of assigned work hours. <input type="checkbox"/> Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented. <input type="checkbox"/> Communication procedures and expectations have been clearly defined and unit staff have been notified of the procedures. <input type="checkbox"/> Employees are responsible for adequate and safe office space at the telework location has been reviewed with the employee. <input type="checkbox"/> Department requirements for the case of agency equipment and supplies assigned to the employee have been discussed and are clearly understood. <input type="checkbox"/> Employee has agreed to adhere to Travis County ITS requirements for computer information security and confidentiality. <input type="checkbox"/> Requirements for establishing, modifying and/or suspending telework have been discussed and clearly understood. <input type="checkbox"/> The supervisor's responsibility to following agency telework tracking procedures is clearly understood. 							

Section 3. To be completed by the employee and returned to the supervisor. The supervisor retains the original form and gives a copy to the employee.

I have read the Travis County policy related to Teleworking and understand my responsibilities as set forth in that policy. While teleworking:

- I will abide by Travis County policies and procedures dealing (ITS Computer Usage Agreement, Information Security Standards and Guidelines, etc.)
- My Travis County employment benefits and rights will not be affected.
- I will provide a work environment conducive to the successful completion of assigned job tasks.
- I have provided for alternate childcare for any child under the age of 11, and others requiring care, residing at my home, if applicable.
- I will maintain and protect the confidentiality of work-related information in my possession.
- I will abide by job related schedules and guidelines as agreed upon with my supervisor.
- I will abide by specific requirements established within this agreement.
- I understand that if I am FLSA non-exempt, I am not to work hours over my schedule at my telework location unless approved in advance by my supervisor. If I am FLSA exempt, I will only accumulate county compensatory time for work conducted at my telework location if I have obtained advance approval from the department head or designee to work beyond my scheduled hours.
- I understand I will not be reimbursed for travel to the office on my scheduled teleworking days.
- I understand that if my telework is terminated, I will be provided with the best accommodations available, which could include shared office space (if applicable).

I understand that management may terminate the telework agreement at any time. I also understand that if I want to terminate the agreement, I must give a 10 day notice and meet with my supervisor immediately to discuss reasons why.

I understand that upon receipt of department equipment and supplies, I will be responsible for maintaining, protecting and, upon request of my supervisor, returning such items. I understand I may be required to reimburse Travis County should any department property in my possession be lost or destroyed. I also understand that such items must only be used for County purposes.

Employee Signature

Date