**Telecommuting Request for Exempt Employees – COVID-19**

|  |  |  |
| --- | --- | --- |
| Employee Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee ID #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home/Cell Phone #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Primary Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Address & specific area employee will work from home (e.g., home office, kitchen table, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Schedule and Hours**

This schedule will begin on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This schedule will apply to the following days:

|  |  |
| --- | --- |
| \_\_\_ Monday | \_\_\_ Thursday |
| \_\_\_ Tuesday | \_\_\_ Friday |
| \_\_\_ Wednesday |  |

The hours will be from: \_\_\_\_\_\_\_ until \_\_\_\_\_\_\_

Describe any variation from the regular work hours documented above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will the employee perform the duties of their job? If not, which duties will they perform?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment**

\_\_\_ I have all equipment I need to do my job

\_\_\_ I do not have all equipment I need to do my job

If you do not have all the equipment you need, please provide more details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This agreement is subject to the terms and conditions stated in the Agency's Telecommuting Policy, a copy of which has already been made available to the employee. I have read and understood both the Agency's Telecommuting Policy and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. I understand that this agreement may be terminated at any time. If the reason for the telecommuting request is due to a medical condition, documentation must be attached to this form supporting this request. Furthermore, the employee agrees to operate within any work restrictions they might have as a result of their own medical condition. The Agency will not be liable for damages to the employee’s property resulting from participation in the telecommuting program. By participating in the telecommuting arrangement, the employee agrees to hold the Agency harmless against any and all claims including injuries to others at the telecommuting location.*

***I agree to this Telecommuting Agreement.***

Employee Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_