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

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

This agreement is for immediate use during the COVID-19 time period, both the employee and supervisor must complete this Agreement. Work hours, compensation, benefits, use of sick time off, and approval for use of annual time off will continue to conform to agency policies and procedures unless otherwise specified. This Telecommuting Agreement does not alter the at-will nature of employment. The telecommuting employee must be able to be present at his/her office/department as necessary to attend meetings, training sessions, or similar events or

occurrences.

**Work Schedule and Hours**

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

This schedule will apply to the following days:

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

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

Describe any variation from the regular work hours documented above:

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

*A non-exempt employee’s workday schedule must incorporate a 30 minute, 45 minute, or one hour bona fide meal period. A non-exempt employee must be completely free from work responsibilities during the meal period. Discuss your break times with your manager.*

*You will be required to continue to submit your hours worked as you currently do. The coordination of time will ensure you are receiving 100% of your pay when factoring in all benefits.*

**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:

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

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

**Communication Plan**

Provide details on communication with supervisor and other team members while telecommuting (video conferencing, online chat, recurring meetings, etc.):

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

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

**Termination of Telecommuting Agreement**

The agency will inform employees with any and all updates, new information or changes as information as available.

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

Employee Signature: Date:

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

Supervisor Name:

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

Supervisor Signature: Date:

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