
APPENDIX : Telework Request and Agreement

TELEWORK REQUEST AND AGREEMENT

Employee Name: _____ **Position:** _____

Remote Worksite
Address: _____

Remote Worksite
Description: _____

Voluntary Participation - The employee voluntarily agrees to work at the approved remote workplace indicated above and to follow all applicable policies and procedures. The Employee recognizes that the Telework arrangement is a privilege, not a right.

Salary and Benefits - The Employee understands that a Telework arrangement is not a basis for changing the employee's salary or benefits.

Official Duties - The Employee agrees not to conduct personal business while in an official duty status at the remote work site (e.g., caring for dependents or making home repairs, etc.).

Leave - The Employee agrees to follow established County/Agency/Department procedures for requesting and obtaining approval for leave.

Overtime- The employee agrees to work overtime only when approved in writing and in advance by the supervisor and understands that claimed overtime work without such approval may result in termination of the telework privilege.

Remote Work Site Costs- The Employee understands that the County will not be responsible for any operating costs that are associated with the use of a remote worksite, for example, home maintenance, insurance or utilities (e.g. cell phone and internet charges). The Employee also understands that any entitlement to reimbursement for authorized expenses incurred while conducting business for the County, as provided for by statute or regulation, is not relinquished by this agreement.

Equipment/Supplies- The employee agrees to protect any County-owned equipment and to use the equipment only for official purposes.

➤ **Current Daily Work Schedule:**

o Arrival Time: _____ Departure Time: _____

➤ **Requested Effective Date(s):** _____

- Routine Schedule _____
- Situational Schedule _____

Telework Day & Weekly Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

I have read and understand Sussex County Telework Program Procedure. I request to participate in the Telework Program.

Employee Signature and Date

Division Manager Signature and Date

****FOR MANAGEMENT USE ONLY****

- _____ Approved Without Modification
- _____ Approved with Modification listed
- _____ Denied

Comments:

Appointing Authority Signature (or designee)

cc: Employee
Department
HR