

APPENDIX 823 - B



Telecommuting Agreement

NOTE: These conditions for telecommuting must be agreed to by the employee and supervisor.

My position is: Exempt Non-Exempt

My telecommuting arrangement will begin on (effective date): _____ and end on _____ (agreement shall not exceed 12 months).

I will work at the following location(s): _____.

I will telecommute _____ days per week. My specific weekly schedule will be: _____.

My telecommuting work hours will be from _____ a.m. to _____ p.m.

If this in a non-exempt employee: meal break will be from _____ a.m./p.m. to _____ a.m./p.m.)

I agree to call the office or my voicemail to obtain messages at least _____ times per day while working at home/remote location (or agree to forward my office phone line to my telecommute location when I telecommute).

Approximate voicemail message call-in times: _____.

- I would like a designated representative of Eau Claire County to visit my telecommuting location to conduct an ergonomic assessment and inspect for possible work hazards.
- I will perform my own ergonomic assessment using Appendix 823 - C and will inspect for possible work hazards.

I will be using county-owned equipment, as described on the attached Telecommuting Form, at the work location shown above and understand that I am responsible for said equipment, as stated in the county's Telecommuting policy.

I understand and agree to the job assignments or tasks to be completed under my telecommuting arrangement with my supervisor. (Supervisors may attach a specific written statement of job assignments and additional expectations if desired.)

Telecommuting equipment and services expenses (such as an additional telephone line or software) must be approved in advance by your immediate supervisor. Expenses will be paid or reimbursed only for pre-approved equipment or services and only for the period of your telecommuting.

Employees who will be working with confidential county information at their home must attach information describing what strategies will be used to maintain that the information remains secure and confidential in a manner consistent with existing county policies.

I have attached strategies to be used to maintain that information remains secure and confidential in a manner consistent with existing county policies.

- Yes, this information is attached. This is not applicable to the work I will be performing.
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TELECOMMUTING EQUIPMENT POLICY:

- The employee agrees not to use any Eau Claire County equipment for private purposes, nor allow family members or friends access to that equipment.
- The employee shall promptly return all Eau Claire County-owned equipment and data documents when required by the employee’s supervisor.
- When using Eau Claire County equipment or software, the employee agrees to follow all software licensing provisions agreed to by Eau Claire County.
- The county may pursue recovery from the employee for any county property deliberately or negligently damaged or destroyed while in employee’s care, custody, and control.
- The county is not responsible for private property used, lost, damaged, or destroyed.
- The County will not be responsible for operating costs, home maintenance, or any other incidental costs associated with the use of the employee’s residence for a telecommuting location.
- Meetings with clients and or visitors conducting business with Eau Claire County will be held at the on-site work location.
- Measurable performance metrics related to telecommuting must be available and provided if requested.
- The employee agrees to comply with policies regarding telecommuting equipment in the telecommuting policy.

OTHER CONDITIONS:

Employees may, at the discretion of their immediate supervisor, be called to work at their centrally located worksite on their regular telecommute day during their regular work hours to meet workload requirements. This agreement may be terminated at any time.

APPROVAL:

By signing below, I am indicating I have read policy 823 Telecommuting and we agree that the telecommuting work schedule complies with Eau Claire County and agency policies and procedures, human resources guidelines, and FLSA and state regulations. I understand this telecommuting agreement may be terminated at any time by my employer.

Employee’s Signature: _____ Date: _____

Supervisor’s Signature: _____ Date: _____

Department Head’s Signature: _____ Date: _____

If this is a non-exempt employee; Human Resources Director approval is required:

Human Resources Director’s Signature: _____ Date: _____