



TELECOMMUTING AGREEMENT

Name _____ Employee ID _____

Job Title _____ Department _____

Onsite Work Location _____

Supervisor _____ Desired Start Date _____

Current Status (Check One) Full Time Part-Time

(Check One) Exempt Non-Exempt

This Agreement specifies the conditions applicable to an arrangement for performing work at an alternate workplace. The agreement begins on _____ and continues until _____. This Agreement can be terminated at any time by either party, for any reason. I understand that all obligations, responsibilities, terms, and conditions of employment with the City of Forest Park (“COFP” or “the City”) remain unchanged, except those obligations and responsibilities specifically addressed in this Agreement.

I. Alternate Workplace Information: List the following information about each alternate workplace to be utilized by teleworker under this Agreement. If the information is the same as teleworker’s work information, write “work” in the space (for example, if teleworker will utilize his or her regular work email address while telecommuting, write “work” under “Email”):

Alternate Workplace (Ex. Teleworker’s Home)	
Address	
Phone/Cell	
Fax	
Email	

II. Proposed Work Schedule

A. Days and hours when the employee is normally expected to be at the onsite work location (office):

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							

B. Alternative Workplace – Days and hours when the employee will normally work off-site.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							

III. Duties/Assignments (initials)

_____ I recognize that the supervisor reserves the right to assign work as necessary at any workplace.

_____ I shall obtain supervisor approval prior to working unscheduled overtime hours. [Non-exempt employees only]

_____ I shall record all hours worked and meal periods taken in accordance with regular timekeeping practices of the City. [Non-exempt employees only]

Duties and assignments authorized to be performed at this alternate workplace are:

IV. Communication (initials)

_____ I recognize that effective communication is essential for this arrangement to be successful, and I agree to remain accessible during designated work hours and understand that management retains the right to modify this Agreement at any time for any reason. The following methods of communication are agreed upon (specify who [include back-up and emergency contacts], when, how often, during what time frames, and how (phone, fax, face-to-face, etc.):

V. Space/Equipment/Records (initials)

_____ I agree to use City owned records, and materials for purposes of City business only, and to protect them against unauthorized or accidental access, use, modification, destruction, loss, theft, or disclosure. I understand that although I may be permitted to use the City-owned equipment for incidental personal use, such use shall not interfere with the business use of the equipment.

_____ I agree to immediately (within one hour) report to the supervisor instances of loss, damage, or unauthorized access.

_____ I agree to return City equipment, records and materials within 5 days after the termination of this agreement.

_____ I understand that all equipment, records and materials provided by the City shall remain the property of the City.

Regarding space and equipment purchase, set-up, and maintenance, the City will provide the teleworker with the necessary equipment (computer) and access (VPN) to work remote. List any City equipment that teleworker will use at the alternate workplace (attach additional documentation as needed):

Item Description	Inventory Number	Date Out	Date Returned

VI. Safe Working Environment (initials)

_____ I certify that the Alternate Workplace is a safe and secure work environment that is suitable for the performance of my official duties..

_____ I agree to maintain a safe and secure work environment.

_____ I agree to grant the City access to my Alternative Workplace to assess and inspect the safety and security at such location and to determine if the site is conducive to productive work. Such visits will be conducted at a mutually agreed-upon time.

_____ I agree to report any work-related injuries to the supervisor as required by COFP policy.

_____ I agree to hold the City harmless for injury to others in the alternate workplace.

_____ I agree to comply with all City rules, policies, practices, procedures, and instructions while working at the Alternative Workplace that would apply to me if I were working onsite.

VII. Termination and Amendment

I understand that the City of Forest Park is not obligated to approve a proposal for a telecommuting work agreement for any employee. I further understand that telecommuting is a privilege and the decision is at the sole discretion of my Department Director/Manager/Supervisor. This agreement and work schedule are subject to ongoing review and may be subject to modification or termination at any time for any reason. Generally, business needs permitting, the supervisor/manager or the teleworker should give at least (4) days' notice in advance of ending or changing an arrangement. The parties agree the City will not be held responsible for costs, damages, or losses resulting in cessation of participation as a teleworker. The parties further agree that this Agreement is not a contract of employment and may not be constructed as such.

I have read and understand this Telecommuting Agreement and I agree to abide by and operate in accordance with the terms and conditions described herein and in any applicable City policies. I agree that the sole purpose of this Agreement is to regulate teleworking and that it constitutes neither an employment contract nor an amendment to any existing contract and that it may be cancelled at any time.

Employee Signature

Date

FOR AUTHORIZED SIGNATURES ONLY

Approved Denied _____
Supervisor or Manager Date

Approved Denied _____
Department Director/Designee Date

Approved Denied _____
Human Resources Director/ Designee Date

Approved Denied _____
City Manager Date

Comments