Department of Administration Telework Agreement

Alternative Worksite

Employee Name: _____

Location (specify location if in home): _____

Address: _____

Conventional Worksite

Will the teleworker maintain a workstation or office at the conventional worksite when this telework agreement takes effect? Yes ____ No ____ If not, what changes will occur?

Schedule

____ **Fixed:** Telework days and hours are scheduled and will not be substituted without advance approval of the manager.

Telework Days: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
Saturday___ Sunday ___

Telework Time: Start: _____Finish: _____Total Hours Per Day: _____
Lunch: _____to _____

____ **Flexible Schedule:** Telework days may fluctuate weekly and will be mutually agreed upon by the supervisor and the employee.

Telework days permitted each week: _____
Hours of work permitted each week: _____

The supervisor must approve use of sick leave, vacation, comp time, or other types of leave in advance. Overtime must be approved in advance by the supervisor.

Telework tasks and duties

(Describe the telework tasks, duties, and expectations)

Computer Equipment

The agency is not responsible for lost or damaged private property. The state may pursue recovery from the employee for state-owned property deliberately or negligently damaged or destroyed while in the teleworker's care, custody, or control. In the event of state-owned equipment failure, the teleworker must immediately notify his or her supervisor and may be assigned to another project and/or work location. The employee shall surrender all state-owned equipment and data documents immediately upon request.

Agency assets to be used at the employee's residence or other approved alternate work location. (check applicable items and provide Property Control tag and/or serial numbers where applicable)

	Asset Name	State Tag Number	Serial Number
Laptop			
Monitor			
CPU			
Keyboard			
Docking Station			
Mouse			
Power Strip			
Cell Phone			
Blackberry			
In-House Phone			
Printer			
Router			
Broadband Access			
Shredder			

Information systems and software to be accessed from employee's alternate worksite:

Expenses

The agency will pay for the following expenses:

- ☐ Business-related telephone calls Yes ____ No ____
- ☐ Maintenance, repairs, or service, to state-owned equipment Yes ____ No ____
- ☐ Broadband Connection Yes ____ No ____ ☐ Other ____

Requests for reimbursement will be submitted according to agency policy for reimbursable expenses.

The agency will not pay for the following expenses:

- ☐ Maintenance, repairs, or service, to privately owned equipment.
- ☐ Utility costs associated with the use of the computer or occupation of the alternate worksite.
- ☐ Homeowners' or Renters' Liability insurance to cover the use of space in the alternate worksite.
- ☐ Travel expenses associated with commuting to the central office.

Furnishings and Supplies

Teleworkers will provide their own office furnishings and supplies. If the interest of the agency requires the employee to telework, agency management may provide the following state-owned office furnishings and supplies:

Communication

Will the following be used?

Call forwarding Yes ____ No __ Answering machine or V-mail Yes ____ No ____
Receptionist or co-workers take calls Yes ____ No ____ Video Conferencing
Yes ____ No ____ E-mail Yes ____ No ____ Other
_____

The employee will call the office to obtain messages at least _____times
a day. Call-in times:

The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.

Other procedures: _____

Terms of the Agreement

Date telework begins: _____

Date telework agreement reviewed (minimum of annually): _____

PD and PMP on File □

Termination

The department may terminate this agreement at any time. Whenever possible, the supervisor and/or employee will give 30 days advance notice prior to terminating this agreement.

Other

Describe any other conditions of this Agreement:

Acknowledgement

I, _____, acknowledge that my participation as a telecommuter is available only as long as I am deemed eligible, at the sole discretion of the State of Kansas. Telecommuting at an alternative worksite is not an entitlement or benefit of employment. I understand that the State of Kansas may cancel my participation as a telecommuter, with or without cause, upon reasonable notice thereof, in writing, to the other. I also acknowledge that the State of Kansas will not be held responsible for costs, damages, or losses resulting from cessation of participation as a telecommuter. This agreement is not a contract of employment and may not be construed as one.

I have read and understand this Agreement and the Telecommuting Policy and agree to abide by and operate in accordance with the terms and conditions described in both documents. I agree to abide by all work-related policies and regulations, work behavior and expectations as required of employees at conventional worksites. I agree that the sole purpose of this agreement is to regulate telecommuting and that it does not constitute an employment contract or an amendment to any existing contract and may be cancelled at any time. I agree that, among other things, I am responsible for adhering to any agreed-upon work schedule, furnishing and maintaining my alternate worksite in a safe manner, employing appropriate security measures, proper maintenance of State equipment, damages to State equipment resulting from gross negligence, damages or loss to my personal equipment, cost of local phone calls, and protecting State assets, information and systems.

As a condition of this telecommuting agreement, I acknowledge and agree to allow State of Kansas the monitoring of my e-mail, electronic review of my work, unannounced visits or inspections at my alternate worksite during normal business hours, and/or any other method used to adequately document and judge my work product and performance.

_____ Date: _____ Employee's Signature

Employee's name printed

By signing this telework agreement, I certify that I have discussed the terms and conditions of the State of Kansas telework policy and this agreement with the above-signed employee. The employee has been given an opportunity to ask questions and indicates an understanding of the agreement and the policy.

_____ Date: _____ Supervisor's Signature

Supervisor's name printed

Administrator's Signature