

COUNTY OF GLENN
EMPLOYEE TELECOMMUTE AGREEMENT

EMPLOYEE NAME: _____ DATE: _____

DEPARTMENT: _____

TELECOMMUTING LOCATION: ___ HOME _____

___ OTHER _____

EFFECTIVE DATES: From _____ To _____

Schedule (Regular lunch and break times should be observed.):

Monday _____am _____pm
Tuesday _____am _____pm
Wednesday _____am _____pm
Thursday _____am _____pm
Friday _____am _____pm

Notes on Schedule:

REASON FOR TELECOMMUTING REQUEST:

COUNTY EQUIPMENT USED:

ARRANGEMENTS FOR HANDLING BUSINESS CALLS TO AND BY THE TELECOMMUTER

TELECOMMUTER AND SUPERVISOR AGREE TO THE FOLLOWING CONDITIONS:

Telecommuter will:

- Call supervisor at the beginning of each workday
- Be available to supervisor at all times during telecommuting shift
- Complete timely all work assigned by supervisor
- Maintain a comprehensive written work log of assignments
- Meet weekly with supervisor to review work progress
- Submit completed work to supervisor timely
- Attend all meetings, as required by supervisor
- Regularly check voicemail
- Return all calls promptly

OTHER CONDITIONS:

SPECIFIC METHODS OF MEASURING PRODUCTIVITY:

OTHER INSTRUCTIONS:

WE HAVE REVIEWED, UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS FOR TELECOMMUTING

<hr/> Employee's signature	<hr/> Date
<hr/> Supervisor's/Department Head's signature	<hr/> Date
<hr/> Personnel Director's signature	<hr/> Date

c: (original)
Personnel File
Employee
Supervisor
Department Head