

COUNTY OF GLENN
TELEWORK AGREEMENT

Employee Name: _____

Employee Number Job Title: _____

County Email: _____

Name of Department Head or Designee: _____

County Primary Work Location: _____

Telework Alternate Work Location: _____

I acknowledge that my telework schedule may not be changed without prior written approval from my department head or designee.

I acknowledge that requests to work overtime, utilize sick leave, request time off, or request a leave of absence must be approved by my department head or designee in the same manner as when working in the county office.

I acknowledge that if I am sick while teleworking, I am required to report the hours worked, and I must use sick leave or other accrued time to cover the hours not worked.

I acknowledge that my alternate work location is considered an extension of the county workspace, and that the county's workers' compensation liability for job-related accidents or injury will apply during my stated telework hours.

I acknowledge that I am liable for injuries to any third parties or members of my family, guests, or others present at my alternate work location.

I acknowledge that I am responsible for designating a workspace for the installation of equipment to be used while teleworking. I agree to maintain the space in a safe condition, free of hazards and other dangers to myself and to county equipment.

I acknowledge that the county may request photographs of all necessary areas of my telework to determine if the work space is safe, to ensure that the location is free from hazards, and to maintain, inspect, repair, replace, and/or retrieve county-owned equipment, software, data, or supplies.

Telework Equipment & Supplies

I acknowledge that any equipment provided by the County of Glenn for the purpose of facilitating Telework may only be used at the regular telework location noted above, and only by me for purposes relating to only to county business as described in the Telework Program Policy.

I acknowledge that I may need to use my own equipment if my department does not issue equipment. Departments will make every effort to provide employees with equipment necessary to carry out their job duties.

I acknowledge that I am responsible for the repair and maintenance of any personal equipment that I provide.

I acknowledge that if I am issued County equipment, I am responsible for ensuring that all County equipment is used properly, and that the county will provide repair for County equipment as needed.

I acknowledge that in the event of any delay in repair or replacement of County equipment, or other circumstances that would make it impossible for me to telework, my department may assign other work, request that I be moved to another work location, or request that I return to my primary work location.

I acknowledge receipt of the following County equipment to support my telework:

Item: _____ Item: _____

Item: _____ Item: _____

Item: _____ Item: _____

I acknowledge that I will “check out” all supplies needed for the telework assignment by contacting the appropriate office staff.

Expenses Related to Telework

I acknowledge that the Telework Program is voluntary, and no additional expenses related to teleworking will be reimbursed, except as provided by law, including, but not limited to, the following expenses:

- Maintenance or repairs of privately-owned equipment.
- Utility costs associated with the use of electronics; including internet service costs.
- Costs associated with the occupation of the home / offsite work location.
- Travel expenses associated with commuting to the County office.
- Costs associated with use of a personal cell phone or landline.
- Out of pocket expenses for supplies that are regularly available at the County office (unless approved in advanced and in writing). These supplies are accessible to me at the primary work location.

