



Telecommuting/Work from Home Agreement

Personnel Information:

Telecommuter Employee's Name				
Job Title		Department		
Telecommuting Location				
Address		City	State	Zip Code
The telecommuting location is my residence:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Rent <input type="checkbox"/> Own
Home Phone (voice)	()	Home Fax	()	
Email Address				
Cell Phone Number ()				
I have satisfied all initial company eligibility and screening requirements for applicants for telecommuter status including completing the application, the technical test/training, the home ergonomic check and the equipment setup: <input type="checkbox"/> Yes <input type="checkbox"/> No				

**** Start Date for the telecommuting probationary period _____ ****

Telecommuting Schedule

Telecommuting schedule start date:	
Telecommuting schedule end date:	
Regular Telecommuting Day(s): <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
** Telecommuter will follow regular shift as scheduled by the Workforce Manager	

Requirements

I have completed all required training on and testing of all necessary telecommuting hardware and software: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Training Was Completed On:
All company required measures to protect the integrity and security of data files and proprietary information have been taken: <input type="checkbox"/> Yes <input type="checkbox"/> No

Specific job functions/assignments to be performed on telecommuting schedule:

Specific performance objectives for assessing the success of the telecommuting schedule and how these will be measured:

Additional mutually agreed upon conditions or special accommodations for this telecommuting arrangement:

I will review and respond to voicemail at least _____ times during each telecommuting day.
 I will review email at least _____ times during each telecommuting day.
 I will correspond via email, IM or phone with my direct leadership at least one (1) time during each telecommuting day.

Equipment:

The company will provide/has provided the following equipment to facilitate this telecommuting agreement:

Item	Make	Model	Serial Number	Reasonable Replacement Cost	Staff Initials	Management Initials	Date

I understand that I am responsible for maintaining the security and safety of the equipment and data entrusted to me. I understand all of the equipment will be used solely for 211 LA County business use. I have received all of the equipment indicated above. I agree and understand that 211 LA County has taken steps to ensure a safe work environment which includes equipment and appropriate desk chair for my use. I understand that should I refuse the Agency issued chair, it is my responsibility to notify the Agency at anytime should I change my mind. I agree and understand that the Agency Information Technology Department may need to obtain critical network information regarding my home network and I agree to provide such information as needed. I also understand that any pictures or documentation used to assess my home work environment will be kept in a confidential file in the Human Resources Department only. I agree to immediately surrender all company-owned equipment in the event that either this telecommuting agreement and/or my employment terminates. I understand that if I do not return this equipment in good working order, except for reasonable wear and tear, I will be responsible for paying to the company the replacement value of the equipment.

Employee's Initials: _____

Expenses

The company will reimburse me for the following telecommuting-related expenses:
I agree that all other telecommuting-related equipment not listed above or out-of-pocket expenses are my responsibility.

Legal Liability:

I agree to provide all appropriate liability, theft, and damage insurance at my own expense. I agree to allow the company to periodically inspect my home office with reasonable notice to ensure a safe work environment. I further agree to hold employer harmless for any liability to any third parties arising out of this telecommuting arrangement and will comply with all applicable zoning ordinances and regulations. I further understand that the tax consequences, if any, of setting up my home office are entirely my responsibility.

Kind of Coverage	Insurance Carrier Policy Number	Effective Date

Employment acknowledgement:

I have read, understood, and agreed to comply with all of the employer's work rules, including rules and policies for telecommuting. I further agree with the duties, responsibilities, and conditions for telecommuting as set forth in this document, including that I am expected to accomplish the job tasks in accordance with the agreed upon schedule. I agree to uphold all 211 LA County policies and expectations while in this arrangement. I understand that this agreement does not otherwise change the terms and conditions of employment that apply to non-telecommuting employees.

Employee Signature _____ Date _____

Approval (To Be Completed By Manager)

This Telecommuting Agreement is Approved Disapproved

If disapproved, state reasons for denial: _____

Authorizing Manager Signature _____ Date _____

cc: Human Resources