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Introducing Telecommuting Agreements

Staff Member's Role

* Consider need
* Describe the benefits for supervisor/customers/co-workers would experience based on the option
* Anticipate challenges, provide suggestions to address
* Be open to feedback and changes to the proposal
* Be accountable for written agreements
* Communicate with supervisor to ensure you are meeting expectations
* Regularly evaluate arrangement with supervisor and implement agreed upon changes

Supervisor's Role

* Focus on the organizational benefits
* Support concept verbally and through personal modeling of balanced work practices
* Work collaboratively with staff to address problems and/or obstacles
* Clearly communicate defined tasks and expectations
* Measure performance through results and behaviors
* Provide regular feedback on performance
* Be willing to reverse a plan if it is not serving the department's or individual's needs
* Set expectations for procedures and guidelines for flexible work arrangements with all staff

Staff and their supervisors are encouraged to discuss their needs and to work together to develop the best possible arrangements for their situation.

Following discussion between the supervisor and staff member, the supervisor drafts a Telecommuting Agreement outlining appropriate expectations and understandings. The agreement, which should ultimately be a collaborative plan, formalizes the mostly remote, telecommuting arrangement.

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**Telecommuting (Remote Work) agreement**

Telecommuting is a work arrangement that enables a staff member to work from home or another off-site location for all or part of the regular workweek. Telecommuting requires a high degree of mutual trust and communication between the staff member and the supervisor. This Agreement may be amended or terminated by the supervisor consistent with the Telecommuting Policy.

|  |  |
| --- | --- |
| **Staff Member Name:** | **DUID:** |
| **Job Title:** | **Exempt** |
| **Department:** | **Non-Exempt** |
| Pilot Agreement  Regular Agreement | **Date:** |

**Work Schedule.** Staff members may be expected to be working and available during certain core hours. Additional work time outside of core hours may be flexible. Non-exempt staff must adhere to timekeeping and overtime policies.

**Core Working Hours**  *N/A. All work hours are flexible. Supervisor Initials* \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay Period Week 1** | | | |
| **Day** | **Start** | **Finish** | **Location** |
| Monday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Tuesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Wednesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Thursday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Friday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Saturday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Sunday | a.m.  p.m. | a.m.  p.m. | onsite  remote |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay Period Week 2**  *same as Week 1* | | | |
| **Day** | **Start** | **Finish** | **Location** |
| Monday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Tuesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Wednesday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Thursday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Friday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Saturday | a.m.  p.m. | a.m.  p.m. | onsite  remote |
| Sunday | a.m.  p.m. | a.m.  p.m. | onsite  remote |

Regular or recurring tasks, meetings, etc. that will require the staff member to work onsite:

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| --- |
|  |
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|  |
| See attachment for additional onsite work requirements. |

The supervisor may require the staff member to report to work onsite for additional meetings or tasks to support the department’s business needs.

The staff member may be required to report to work onsite if productivity is interrupted at the remote work location due to a power outage, loss of internet connectivity or communication, or other disruptions.

**Communication.** Communication is key to a successful remote work arrangement. The staff member and supervisor will communicate with the following channels and expectations (e.g., telephone number xxx-xxx-xxx; answer the telephone during core hours or return call in response to a message within xx business hours):

|  |  |
| --- | --- |
| **Communication Channel** | **Expectation** |
|  |  |
|  |  |
|  |  |
|  |  |
| See attachment for additional communication channels and expectations. | |

**Performance Barriers.** Describe potential performance barriers and proposed solutions.

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| --- | --- |
| **Performance Barrier** | **Proposed Solution** |
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|  |  |
|  |  |
|  |  |
| See attachment for additional performance barriers and proposed solutions. | |

The staff member and the supervisor will discuss performance barriers as they become apparent and collaborate to implement and revise solutions.

**Performance Expectations.** Describe how the staff member’s work performance will be measured and evaluated.

|  |  |
| --- | --- |
| **Performance Standard** | **Expectation** |
|  |  |
|  |  |
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|  |  |
| See attachment for additional performance standards and expectations. | |

These performance expectations are specifically related to implementation of the remote work agreement and are not intended to be exhaustive. The supervisor may communicate and implement additional and further performance expectations as required by the department’s business needs.

**Performance Evaluation.** In addition to mid-year and annual performance reviews, the staff member and supervisor will meet as follows to review performance and make such modifications to this Agreement as are necessary to meet the department’s business needs.

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**Other Matters.** The staff member and the supervisor agree to the following additional terms and conditions of this Agreement.

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|  |

**Safety**

The Remote Workspace Safety Checklist is completed, approved, and attached. This must be done before this Agreement is implemented. The Remote Workspace Safety Checklist is incorporated herein by reference.

**Equipment**

The Remote Workspace Equipment Inventory is completed, approved, and attached. This must be done before this Agreement is implemented. The Remote Workspace Equipment Inventory is incorporated herein by reference.

**Staff Member Agreement**

I have read and understand the Telecommuting Policy and this Agreement and agree to abide by their terms and conditions. I understand that it is my responsibility to make my remote work arrangement successful. I understand that this Agreement may be amended or terminated by my supervisor consistent with the Telecommuting Policy.

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Staff Member’s Name Staff Member’s Signature Date

**Pilot Period Implementation**

This Agreement is approved for a pilot period, after which the staff member and supervisor will review progress and outcomes. Following the pilot period, this Agreement may be modified, approved for regular implementation, or terminated.

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| --- | --- |
| Pilot Implementation Date: | Pilot End Date: |

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Supervisor’s Name Supervisor’s Signature Date

**Regular Implementation**

This Agreement has previously been piloted. Following the pilot period, progress and outcomes were reviewed and any necessary modifications have been made to this Agreement, which is hereby approved for regular implementation. This Agreement may be amended or terminated consistent with the Telecommuting Policy.

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Supervisor’s Name Supervisor’s Signature Date

**Recordkeeping**

This original Agreement shall be placed in the staff member’s personnel file and a copy shall be provided to the staff member.