

Delaware County Board of Commissioners Telework Agreement

Name: _____

Department: _____

Position: _____

Overtime Eligible (Hourly) or Overtime Exempt (Salary) (Check One)

Telework to be performed: Full Time Hybrid As Needed Basis Only (Check One)

If Full Time or Hybrid – Address where telework is to be performed:

If Hybrid, outline general schedule of telework: _____

I have read and understand the Delaware County Board of Commissioners Telework Policy.

- I understand telework is a management option not an employee right.
- I understand prior authorization is needed to engage in telework.
- Telework may be full time, hybrid, or on an as needed basis.
- I understand the location of the telework will meet the parameters outlined in the policy.
- If overtime eligible, work will be completed on a pre-approved scheduled during the employee's normal work day. If overtime exempt work may be performed on an as needed basis.
- I am responsible for all equipment issued to me as part of the telework agreement.
- While engaged in telework, I will preserve security and confidentiality of employer information.
- Telework does not change the basic terms and conditions of employment, including rate of pay and benefits.
- Employees shall comply with all Employer policies, procedures and performance standards.
- The Employer retains the right to investigate alleged violations of this Policy or a Telework Agreement and may cease or modify an Employee's approval for Telework at any time, regardless of whether a violation has occurred.

Employee Signature & Date: _____

Department Head Signature & Date: _____

Approved Denied Employee is Overtime Eligible or Overtime Exempt

Human Resources Director Signature & Date: _____

Approved Denied