

TELECOMMUTING AGREEMENT

I have read and understand the attached Telecommuting Policy and agree to the duties, obligations, responsibilities and conditions for telecommuters described therein.

I agree that, among other things, I am responsible for establishing specific telecommuting work hours, furnishing and maintaining my alternate work location in a safe manner, employing appropriate telecommuting security measures and protecting the State of Delaware's assets, information and systems. I take full financial responsibility for any cost incurred as a result of telecommuting. I also understand and have completed Section B of this Agreement, which identifies my telecommuting schedule and accountability agreement.

I understand that telecommuting is voluntary and I may stop telecommuting at any time. I also understand that management may, at any time, change any or all of the conditions under which I am permitted to telecommute, or withdraw permission to telecommute temporarily or permanently without cause or explanation.

This agreement is effective through _____.

Employee Printed Name

Employee Signature

Date

Manager/Supervisor Signature

Date

Division Director Signature

Date

TELECOMMUTING AGREEMENT

Section B

Alternate Work Location:

Street Address

City State Zip Code

Description of Alternate Work Location:

Telecommuting Schedule:

Regular telecommuting work day: _____

Regular telecommuting work hours: _____

Systems to be accessed from alternate work location:

Equipment and software required for remote access:

Manager-Employee Accountability Agreement (Performance Measures):

Comments:
