



# Telecommuting Work Request Form

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Through: \_\_\_\_\_

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## **Employee Certification**

- I have read and understand the provisions of the Telecommuting Policy (see attached). I have been given the opportunity to ask and have had all my questions answered prior to signing this form.
- I understand that my duties, obligations, responsibilities, and accountabilities of employment with Dodge County remain unchanged except those obligations and responsibilities specifically addressed on this form and in the Telecommuting policy. My salary and benefits remain unchanged as a result of my working remotely. I understand this arrangement does not constitute an employment contract.
- I understand this arrangement is voluntary and may be revoked or modified by the county or me at any time for any reason. I understand that this arrangement is a privilege and does not create an entitlement to continue working remotely. If the arrangement is terminated, a reasonable time will be given for me to transition back to my county workspace.
- I agree that I will not be the primary care provider for any dependent during my remote work hours and I will make regular dependent care arrangements during remote work periods.
- I agree that my total number of work hours will not change due to my working remotely and that I will continue to be responsible for reporting my time honestly and accurately as required by department and county policies.
- I agree that I will ensure the protection of confidential County and client/customer information accessible from my home office. I will take steps to; take only minimally necessary confidential information out of the office, use locked file cabinets and desks, use regular password maintenance, prevent inadvertent disclosure and privacy and security measures appropriate for the job, the information in my possession and the environment.

- I agree that my work hours, schedule, overtime compensation, use of sick leave, approval for use of vacation, and requests for a Leave of Absence will conform to county policies and procedures, departmental guidelines, and to the terms otherwise approved by my Department Head.
- I agree to maintain a safe and secure work environment and to designate a remote workspace to accommodate any equipment to be used in my work. I will protect the workspace from any hazards and dangers that could foreseeably affect the equipment and me. I agree to report work-related injuries to my manager within 24 hours or at the earliest reasonable opportunity. I agree to hold the county harmless for injury to others at the remote work site.
- I agree to restrict access to and the use of county-provided equipment located in my remote work site and to comply with the same policies that apply to equipment at a county facility.
- I understand that all equipment, information, documents, records, and materials provided by my department or Dodge County remain the property of the county.
- I agree to return county equipment, records, and materials within 7 days of termination of this arrangement. I agree to return county equipment, records, and materials immediately upon termination of my employment.
- I agree that the county will not be responsible for any operating costs that are associated with the use of my alternative worksite; for example, home maintenance, insurance, utilities, internet access or any costs associated with it.
- I agree that with reasonable notice and at a mutually agreed upon time, the county may make on-site visits to my remote work location to ensure that the designated work space is safe and free from hazards, provides adequate protection and security of county property, and to maintain, repair, inspect, or retrieve county property.

**Work Schedule and Location**

Day of the Week	Work Hours	Work Location Address
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Equipment to be provided by Dodge County** (include equipment serial number if applicable):

**Performance and Communication Expectations** - The supervisor and employee have discussed and agreed upon the following;

Typical assignments the employee will complete at the remote work location:

Procedure for measuring and reviewing work:

Employee required communication with manager (e.g. daily check ins):

Describe how employee will handle routine work related communication (e.g. email, telephone, voicemail, etc.):

**Other Agreed Expectations:**

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**Employee Acknowledgment**

I have read the contents of this request. I certify that I will abide by all of the requirements of Telecommuting Policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Approval Signatures**

Based on a review of suitable considerations, we have concluded that working remotely is appropriate under the circumstances. The above-named employee is granted approval to participate in accordance with the Telecommuting Policy attached to this request.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department

Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator Approval:  Approved  Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Approval details if needed or denial reason: \_\_\_\_\_

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Please submit a copy of this completed form to Human Resources.