**AHS TELEWORKING AGREEMENT**

This agreement outlines the conditions for teleworking that have been agreed on by the employee       and his/her supervisor      .

1. **This agreement begins on** **and ends on** **.**
2. **The employee's teleworking day(s) and work hours will be as follows; however, it is understood that the employee may be required to report to the assigned duty station during a regularly scheduled telework day:**

1. **The employee agrees to telework at the following location:**

Address of remote location:

Phone number employee can be reached at while teleworking:

1. **Typical tasks that will be worked on by the employee at the remote work location:**

1. **The employee will *only* be reimbursed for the following type of pre-authorized costs:**

1. **Any additional conditions agreed upon by the employee and supervisor are as follows:**

**Employee Statements**

I have read and understand the State's Telework Policy and DCF’s Telework Protocol and agree to the conditions detailed above.

I understand that Telework is a voluntary program, provided at the sole discretion of the Department, and may be terminated at any time, with or without cause.

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Employee Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Employee Signature:

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Supervisor’s Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Supervisor’s Signature: