

**AGENCY TELEWORK AGREEMENT**

**Name of Employee:**

**Name of Department:**

**Employee Job Classification:**

**Telework Site(s):**

Address:

City/State/Zip:

Business Phone:

**Telework Start Date:**

**Workdays and core hours at the telework site:**

**State and/or County equipment the Teleworker is taking from the Official Work Site to the Telework Site:**

**Telework conditions or exceptions specific to this agreement:**

*I affirm by my signature below that I have read this entire Agreement and that I understand and agree to its entire content. I affirm that I have been provided, read, and agree to comply with the HHS Telework Policy. I also affirm that I have been made aware of the following: the responsibilities for documenting time, attendance, approval of leave requests and provisions governing the approval of overtime and compensatory time; performance requirements and measurement; proper use and safeguard of government property; maintenance of records; and standards of conduct.*

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Employee's Signature

Employee's Printed Name

Date

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Manager's/Supervisor's Signature

Manager's/Supervisor's  
Printed Name

Date