



TELECOMMUTING REQUEST & AGREEMENT

Employee's Name _____
Employee ID Number

Employee's Title _____
Department

Trial Period (not to exceed three (3) months) _____
Start Date **to** _____
End Date

Extended Agreement (after trial period) _____
Start Date **to** _____
End Date

Telecommuting Schedule (indicate work hours for each day):

	MON	TUES	WED	THURS	FRI
Home					
Office					

Equipment Required:

1. _____
2. _____
3. _____
4. _____

By signing below, I acknowledge that this is a voluntary request and understand the following:

- I must adhere to Board Policy #4045 and Admin. Reg. #4045 regarding Telecommuting (attached)
- I must adhere to Admin. Reg. #3600 regarding Use of Technological Resources (attached)
- I must report any health or safety concerns or incidents within 24 hours, or as soon as possible
- I remain accountable for complying with all other SDCOE policies and procedures
- I must remain contactable during the hours agreed upon in the work schedule shown above
- I must remain available to return to the work site with adequate notice from my manager
- I must complete and adhere to the Safety Checklist while telecommuting (complete and attach)
- I must provide evidence that I have an ergonomically correct and safe workstation (attach photos)
- I must adhere to all applicable laws, rules, regulations, policies and procedures regarding information security, and take all appropriate measures to safeguard SDCOE's property
- I must adhere to state and federal laws regarding lunch and rest breaks
- I must accurately report my time and obtain approval for overtime in advance, as applicable
- I must adhere to SDCOE's established protocols for ordering supplies
- SDCOE is not responsible for reimbursing me for any costs associated with my telecommuting
- This Telecommuting Agreement is not a benefit and may be terminated at any time

Employee's Signature **Date**

Manager's Signature **Date**

For HR Use Only

The employee is not probationary

Division Head's Signature **Date**

Human Resources Signature **Date**

Division Head: please submit completed document and attachments to HR@sdcoe.net