**Telecommuting Agreement**

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| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | **Hire Date:** | | | | | | | |
| **Title:** | | | | | | | | | | | | | **Department:** | | | | | | | |
| **FLSA Status:** | | | | | |  | Exempt | | | |  | | Nonexempt | | | | | | | |
| **This telecommuting agreement covers the following time period:** | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | | | | | | | | | | | | **End Date:** | | | | | | | |
| **Telecommuting Work Location:** | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYEE SCHEDULE** | | | | | | | | | | | | | | | | | | | | |
|  | | **M** | | | **TU** | | | | **W** | | | **TH** | | | | **F** | | **SA** | | **SU** |
| **Start Time** | |  | | |  | | | |  | | |  | | | |  | |  | |  |
| **End Time** | |  | | |  | | | |  | | |  | | | |  | |  | |  |
| **OPERATING COMPANY** | | | | | | | | | | | | | | | | | | | | |
|  | IP&E (GU) | |  | MAC (SPN) | | | |  | | IP&E (PW) | | | |  | FPG (ITC) | |  | | IP&E SERVICES | |
|  | IT&E (GU) | |  | IT&E (CNMI) | | | |  | | DFS (PW) | | | |  | CPL PACIFIC | |  | | OTHER: | |

**The employee agrees to the following conditions:**

* The employee will remain accessible and productive during scheduled work hours.
* Nonexempt employees will record all hours worked and meal periods taken in accordance with regular timekeeping practices.
* Nonexempt employees will obtain supervisor approval prior to working unscheduled overtime hours.
* The employee will report to the employer’s work location as necessary upon directive from his or her supervisor.
* The employee will communicate regularly with his or her supervisor and co-workers, which includes a weekly written report of activities.
* The employee will comply with all rules, policies, practices and instructions that would apply if the employee were working at the employer’s work location.
* The employee will maintain satisfactory performance standards.
* The employee will make arrangements for regular dependent care and understands that telecommuting is not a substitute for dependent care. In pandemic circumstances, exceptions may be made for employees with caregiving responsibilities.
* The employee will maintain a safe and secure work environment at all times.
* The employee will allow the employer to have access to the telecommuting location for purposes of assessing safety and security, upon reasonable notice by the company.
* The employee will report work-related injuries to his or her manager as soon as practicable.

**Equipment and Expenses:**

On a case-by-case basis, the Operating Company will determine, with information supplied by the employee and their manager, the appropriate equipment needs (including hardware, software, modems, phone and data lines and other office equipment) for each telecommuting arrangement. The human resource and information system departments will serve as resources in this matter. Equipment supplied by the organization will be maintained by the organization. Equipment supplied by the employee, if deemed appropriate by the organization, will be maintained by the employee. The Operating Company accepts no responsibility for damage or repairs to employee-owned equipment. The Operating Company reserves the right to make determinations as to appropriate equipment, subject to change at any time. Equipment supplied by the organization is to be used for business purposes only. The telecommuter must sign an inventory of all company property received and agree to take appropriate action to protect the items from damage or theft. Upon termination of employment, all company property will be returned to the company, unless other arrangements have been made.

The Operating Company will supply the employee with appropriate office supplies (pens, paper, etc.) as deemed necessary. The Operating Company will also reimburse the employee for business-related expenses, such as phone calls and shipping costs, that are reasonably incurred in carrying out the employee's job. If reimbursement is required, the employee will submit expense reports with attached receipts in accordance with their Operating Company’s expense reimbursement policy.

The employee will establish an appropriate work environment within his or her home for work purposes. The Operating Company will not be responsible for costs associated with the setup of the employee's home office, such as remodeling, furniture or lighting, nor for repairs or modifications to the home office space.

The employee agrees that company equipment will not be used by anyone other than the employee and only for business-related work. The employee will not make any changes to security or administrative settings on company equipment. The employee understands that all tools and resources provided by the company shall remain the property of the company at all times.

The employee agrees to protect company tools and resources from theft or damage and to report theft or damage to his or her manager immediately.

The employee agrees to comply with their Operating Company’s policies and expectations regarding information security. The employee will be expected to ensure the protection of proprietary company and customer information accessible from their home offices.

The employee understands that all terms and conditions of employment with the company remain unchanged, except those specifically addressed in this agreement.

The employee understands that management retains the right to modify this agreement on a temporary or permanent basis for any reason at any time.

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| **Telecommuting Agreement** | | | | |
| By my signature below, I acknowledge that I understand and agree to the terms and conditions of this Telecommuting Agreement. | | | | |
|  |  |  |  |  |
|  | EMPLOYEE SIGNATURE |  | DATE |  |
|  |  |  |  |  |
|  | MANAGER SIGNATURE |  | DATE |  |
|  |  |  |  |  |
|  | HUMAN RESOURCES SIGNATURE |  | DATE |  |