EMERGENCY AUTHORITY ONLY
MONTEREY COUNTY EMERGENCY RESPONSE MANUAL AND COVID-19 PREVENTION PROGRAM SECTION 7
TEMPORARY TELEWORKING/WORK FROM HOME AUTHORIZATION, AND AGREEMENT FORM

EMPLOYEE INFORMATION:

Name:		County Email:	
County Phone Number:		Department:	
Job Title:		Job Classification:	

TELEWORK INFORMATION:

This agreement will run from:	_____ to _____

The telework schedule will adhere to an employee's regular assigned work schedule unless the Emergency Authority Only Monterey County Emergency Response Manual and COVID-19 Prevention Program Section 6 Alternative Work/Reduced Work Schedule Request Form has been completed and approved.

How will time be reported?	

TELEWORKING EQUIPMENT:

Equipment		
☐ Computer (with Windows 10 or Mac)	☐ County owned ID# _____	☐ Personal
List other equipment below and corresponding County ID# if applicable:	☐ County owned	☐ Personal
Appropriate connection:		
☐ High Speed Internet Connection		
☐ County Network VPN Access		
Software/systems:		
☐ Email		
☐ Antivirus Program _____		

List others below:	

PROPOSED TELEWORK WORK PLAN:

Specific work you propose to perform while teleworking:

TELEWORK COMMUNICATION PLAN:

Method of communication while teleworking:

Phone	Phone Number:	
Alternative Phone (if applicable)	Phone Number:	
Email	Email Address:	
Text	Phone number:	

You are required to respond to your supervisor or other authority who calls you to discuss workload. Telework agreements are between the appointing authority and employees, and may be terminated by the appointing authority at any time. By my signature below, I agree to adhere to the County's Information Technology Security Policy and Information Technology Appropriate Use Policy.

Employee Name/Signature	Date

SUPERVISOR/MANAGER REVIEW AND RECOMMENDATION

TELEWORK WORK PLAN:

Specific work to be performed while teleworking:

- Email will be checked throughout the day at least every ___ minutes, responded to within ___ hour(s).
- Voicemail will be checked throughout the day at least every ___ minutes, responded to within ___ hour(s).
- Employee will check-in with supervisor at a minimum ___ times each day/week/month (circle one).

TELEWORK PRODUCTIVITY GOALS/STANDARDS:

Productivity goals/standards will be developed for positions that telework is approved. These goals/standards should set forth expectations and measurable goals on a daily or weekly basis, and productivity should be reviewed by the supervisor on a weekly basis, or more frequently if appropriate.

Telework productivity goals/standards include the following:

Supervisor/Manager Name:	
Title:	
☐ Approved (*comments*)	
☐ Denied (*comments*)	

Supervisor/Manager Signature	Date

DEPARTMENT HEAD/DESIGNEE REVIEW AND APPROVAL

Name:	
Title:	
☐ Approved (*comments*)	
☐ Denied (*comments*)	

Department Head/Designee Signature (required)	Date