

**EMERGENCY AUTHORITY ONLY  
HUMAN RESOURCES EMERGENCY RESPONSE MANUAL SECTION 7  
TEMPORARY TELEWORKING/WORK FROM HOME  
REQUEST, 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	
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*The telework schedule will adhere to an employee's regular assigned work schedule unless the Emergency Authority Only Human Resources Emergency Response Manual Section 6 Alternative Work/Reduced Work Schedule Request Form has been completed and approved.*

How will time be reported?	
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**TELEWORKING EQUIPMENT:**

<b>Equipment</b>		
<input type="checkbox"/> Computer (with Windows 10 or Mac)	<input type="checkbox"/> County owned ID# _____	<input type="checkbox"/> Personal
List other equipment below and corresponding County ID# if applicable:	<input type="checkbox"/> County owned	<input type="checkbox"/> Personal
<b>Appropriate connection:</b>		
<input type="checkbox"/> High Speed Internet Connection		
<input type="checkbox"/> County Network VPN Access		
<b>Software/systems:</b>		
<input type="checkbox"/> Email		
<input type="checkbox"/> 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](#).

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Employee Name/Signature	Date
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**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 (check 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:

[Redacted area for telework productivity goals/standards]

Supervisor/Manager Name:	[Redacted]
Title:	[Redacted]
<input type="checkbox"/> Approved ( <i>comments</i> )	[Redacted]
<input type="checkbox"/> Denied ( <i>comments</i> )	[Redacted]

Supervisor/Manager Signature	Date
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**DEPARTMENT HEAD/DESIGNEE REVIEW AND APPROVAL**

Name:	[Redacted]
Title:	[Redacted]
<input type="checkbox"/> Approved ( <i>comments</i> )	[Redacted]
<input type="checkbox"/> Denied ( <i>comments</i> )	[Redacted]

Department Head/Designee Signature (required)	Date
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