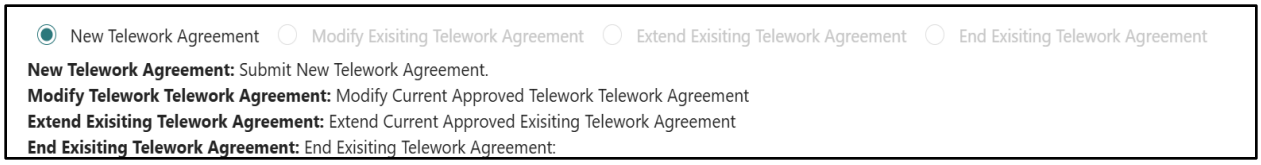
Telework Program Form Job Aid

Requestion Type



Please select the appropriate type of agreement:

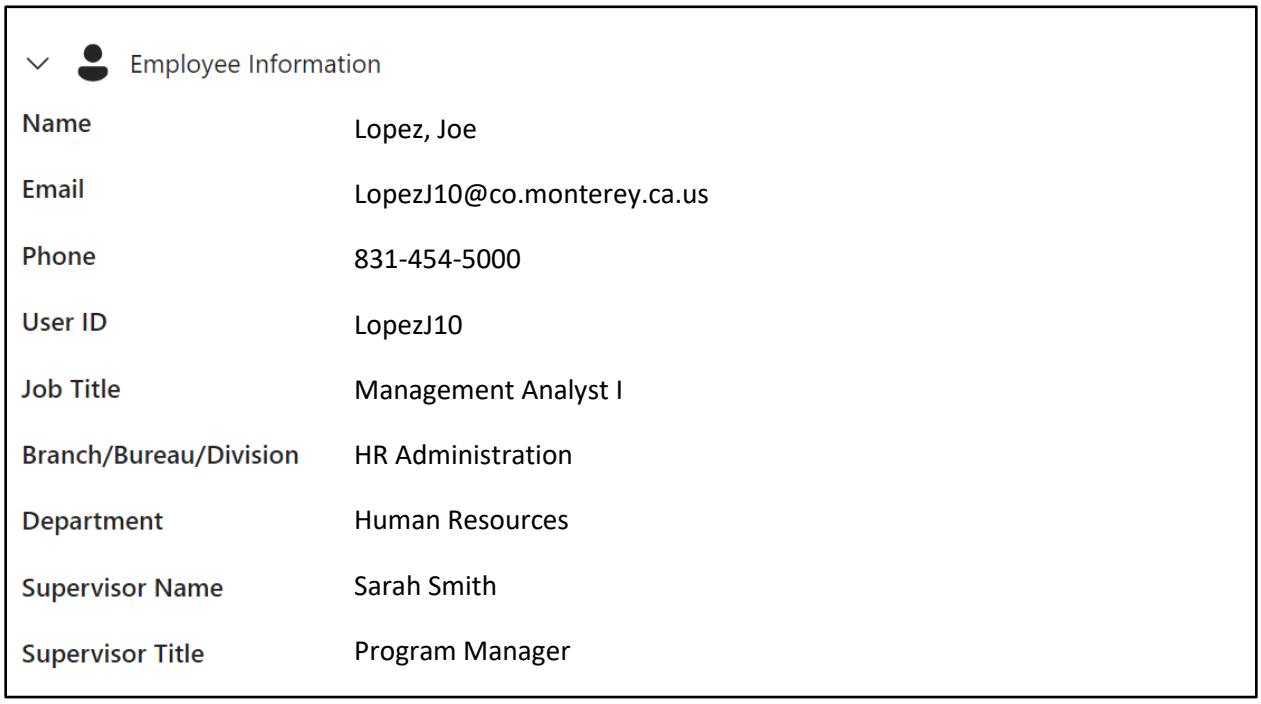
New Telework Agreement – This will be selected for a new telework agreement.

Modify Telework Agreement – This will be selected if modifying a current approved telework agreement.

Extend Existing Telework Agreement – This will be selected to extend the current approved telework agreement.

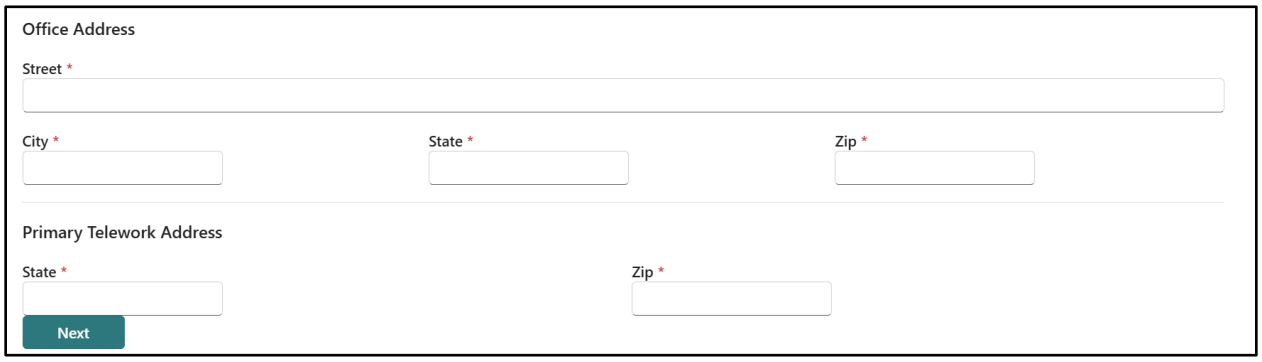
End Existing Telework Agreement – This will be selected to end an existing agreement.

Information



Note: The employee information above is pre-populated from the County's Active Directory. If any of the information appears to be incorrect, please reach out to your assigned departmental HR professional.

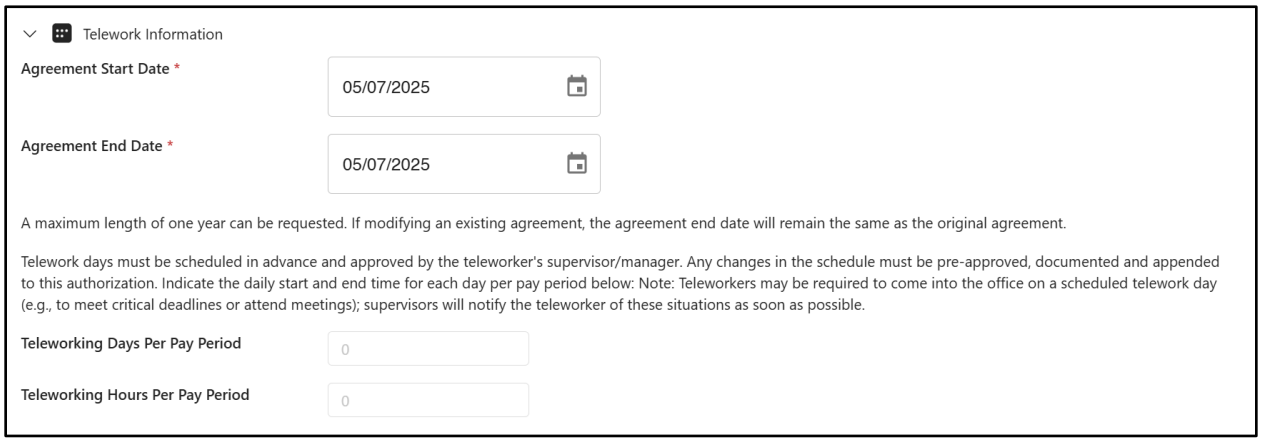
Office Address



The Office Address section requires you to include your designated office and primary telework address.

Note: Any fields with an astriek (*) must be completed before you can proceed to the next section.

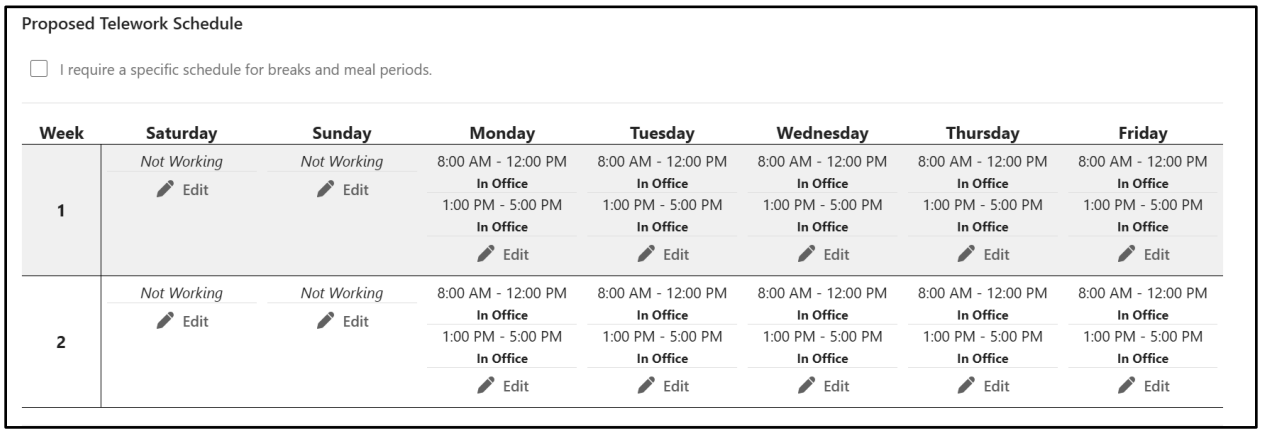
Telework Information



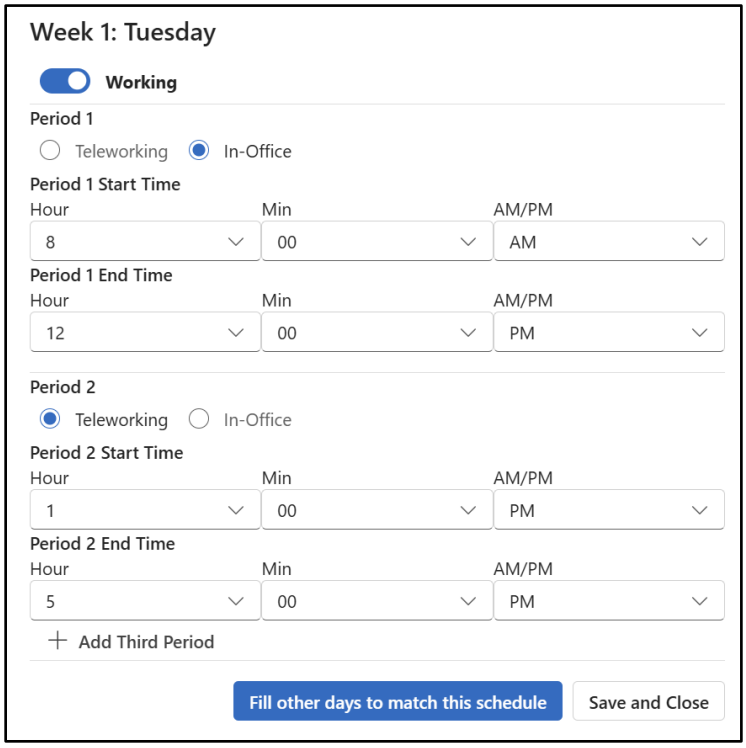
Insert the *Agreement Start Date* and *Agreement End date* for the telework agreement.

Note: The *Agreement End Date* cannot exceed one year from the *Agreement Start Date*. If the telework agreement has been modified during the one-year period, the end date will continue to remain the same.

Proposed Telework Schedule



Identify the proposed schedule that was discussed with your supervisor/manager. Please click the edit button to update your scheduled working days.



Please select the correct start and end time for each period (teleworking or in-office). You can fill other days to match the schedule.

Note: If you need to a third period, please click *+ Add Third Period*.

Break 1	*Not Working*	*Not Working*	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM
Break 2	*Not Working*	*Not Working*	3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM
Meal Break	*Not Working*	*Not Working*	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM

Note: Identify the length of your lunch break in minutes (if applicable).

Please fill any additional details/comments related to your telework schedule.

Telework Equipment

Identify if the required and additional telework equipment is County Owned or Personal.

Identify if you have the required connection and required software/systems for teleworking.

Note: Identify any additional software/system you may need to work remotely.

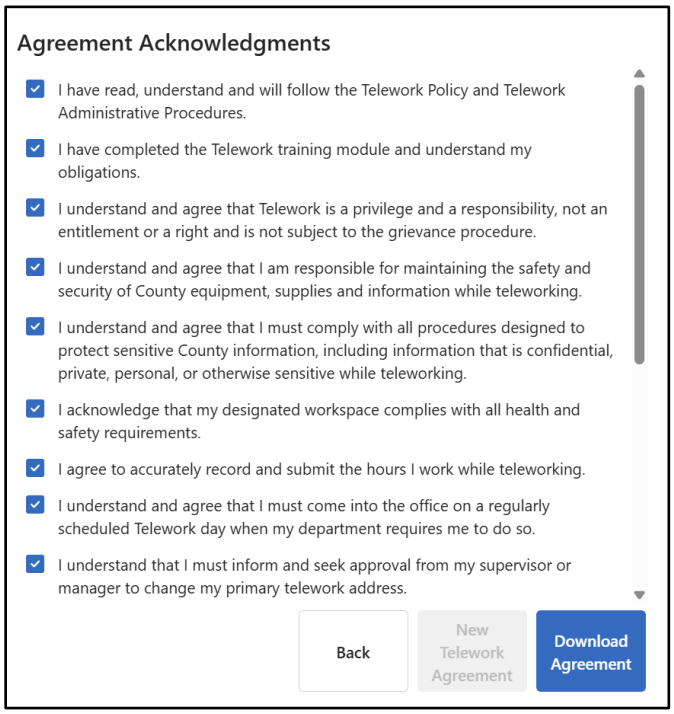
Work Performed and Method of Communication

Please identify the work you will be performing as well as the method of communication utilized while working remotely.

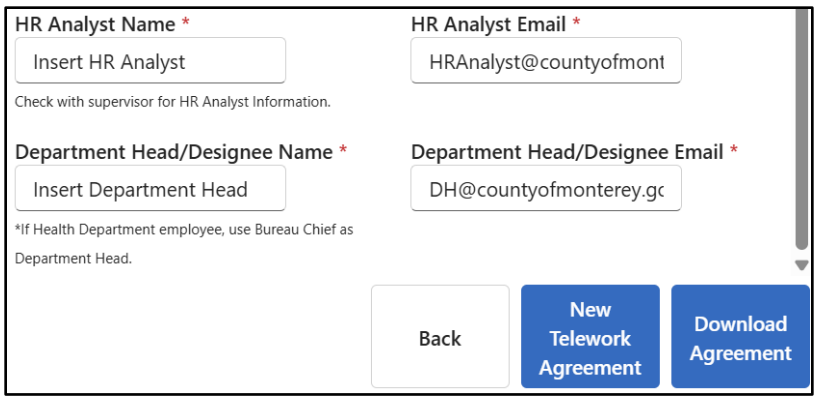
Note: It is critical that you and your supervisor/manager clearly understand the scope and timing of work to be completed while working remotely.

Click the *Next* button to review the Agreement Acknowledgements.

Agreement Acknowledgements



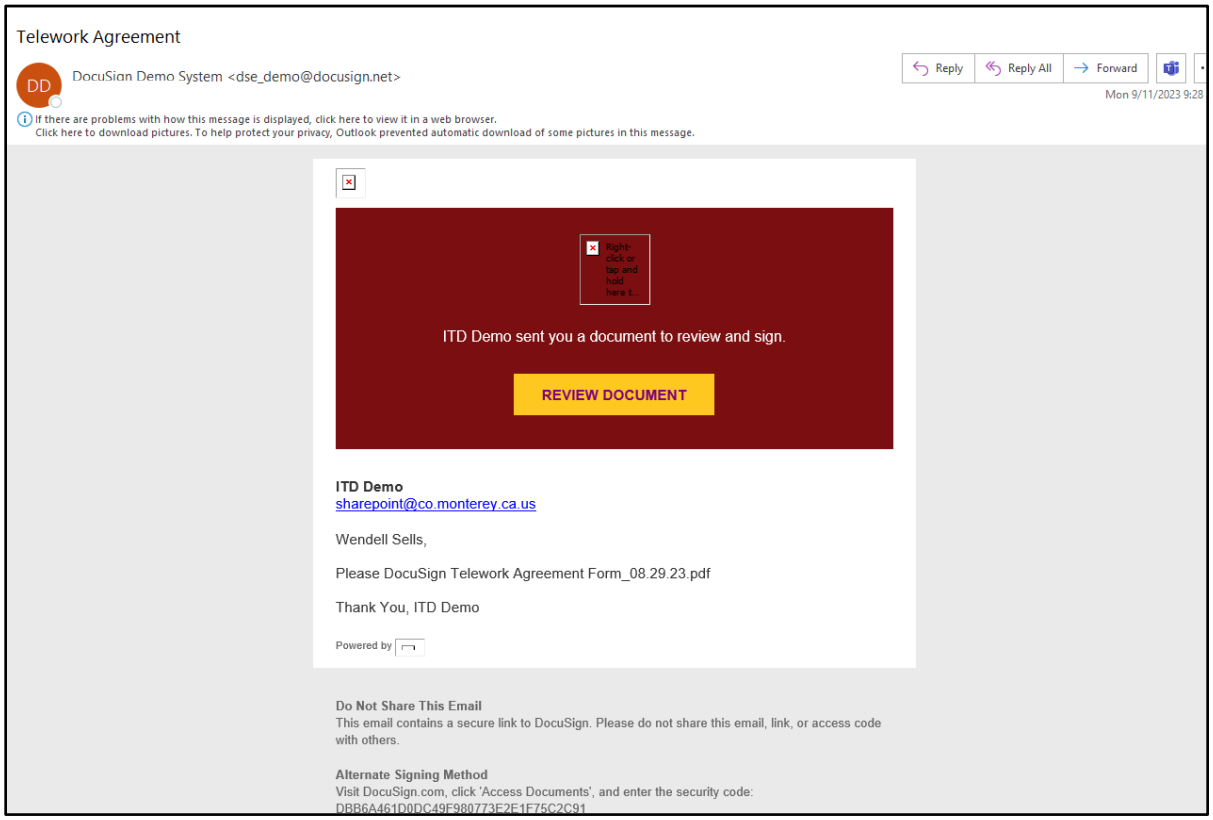
All agreement acknowledgements must be checked before you can continue to submit.



Insert your assigned HR Analyst and your Department Head or Designee. The New Telework Agreement button will be active once the Agreement Acknowledgements page is completed.

Note: If you cannot identify your HR Analyst or Department Head/Designee, please contact your supervisor/manager.

Supervisor/Manager & Department Head Approval Process



Once the workflow is completed, all parties will receive a confirmation email and a copy of the fully executed agreement form.