

WATER AND LIGHT DEPARTMENT TELEWORK AGREEMENT

Employee Name					
Department					
Position					
Home Address					
Other Remote Location					
Home/Cell Phone #					
Telework Schedule (away from office)	Monday	Tuesday	Wednesday	Thursday	Friday

I, _____ (employee name), have read, understand, and agree to adhere to the Water and Light Departments Telework Policy, the telework procedures, and the terms as described in this agreement.

- I will request any deviation from the approved Agreement as soon as possible with my supervisor and the General Manager.
- I have discussed the telework agreement, including scheduling days and hours of work, communications, employee/supervisory responsibility for work progress and monitoring work, the use of Water and Light Department equipment, data security, and data privacy with my supervisor.
- Teleworkers are responsible for damage to Department-owned equipment and for filing a police report with their local police department for stolen Department-owned equipment. I understand that I must notify my supervisor in the event of any damage to or loss of Department property.
- I understand that supplies needed for telework will be obtained through the normal supply request procedures and requires prior approval from the supervisor, and approved expenses will be reimbursed in accordance with existing Water and Light Department policies.
- I understand that the Water and Light Department may cancel the agreement immediately without notice, or I may terminate the telework agreement with reasonable notice to the Water and Light Department. Upon termination, I will return all Department-owned equipment to the Water and Light Department immediately or facilitate the Water and Light Department's access to such equipment for retrieval.

(Note: Additional sheets may be attached to this agreement to document other important aspects of the Agreement.)

Other important information/specifics: _____

TELEWORK EQUIPMENT RECEIPT

I, _____ (employee name), have been issued the following Water and Light Department equipment. I will comply with the Telework Policy as they pertain to this equipment. I understand that I must continue to conform to all Water and Light Department policies and rules, and in particular the Water and Light Department IT Policy, relating to use of City equipment, data privacy, computer security issues and electronic communication.

The following equipment is in my possession:

Equipment	Model	Serial #
Personal Computer (desk top/laptop)		
Monitor		
Mouse		
Cell Phone		

IT Review Completed: _____

Date

IT Staff Member

Employee Signature

Date

Supervisor Signature

Date

General Manager Signature

Date

NOTE: The agreement should be reviewed on a regular basis and at least every 12 months. The Water and Light Department may alter the agreement at any time, as needed. All changes to the agreement require Water and Light Department approval.