



County of Humboldt Telework Agreement

Employee Name	
Employee Number	
Job Title	
County Email	
Department	
Name of Department Head or Designee	
County Primary Work Location	
Telework Alternate Work Location	

- I acknowledge that my telework schedule may not be changed without prior written approval from my department head or designee.
- I acknowledge that requests to work overtime, utilize sick leave, request time off, or request a leave of absence must be approved by my department head or designee in the same manner as when working in the county office.
- I acknowledge that if I am sick while Teleworking, I am required to report the hours worked, and I must use sick leave or other accrued time to cover the hours not worked.
- I acknowledge that my alternate work location is considered an extension of the county workspace, and that the county's workers' compensation liability for job-related accidents or injury will apply during my stated telework hours.
- I acknowledge that I am liable for injuries to any third parties or members of my family, guests, or others present at my alternate work location.
- I acknowledge that I am responsible for designating a workspace for the installation of equipment to be used while teleworking. I agree to maintain the space in a safe condition, free of hazards and other dangers to myself and to county equipment.
- I acknowledge that the county may request photographs of all necessary areas of my telework to determine if the work space is safe, to ensure that the location is free from hazards, and to maintain, inspect, repair, replace, and/or retrieve county-owned equipment, software, data, or supplies.

Telework Equipment & Supplies

- I acknowledge that any equipment provided by the County of Humboldt for the purpose of facilitating Telework may only be used at the regular telework location noted above, and only by me for purposes relating to only to county business as described in the Telework Program Policy.



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- I acknowledge that I may need to use my own equipment if my department does not issue equipment. Departments will make every effort to provide employees with equipment necessary to carry out their job duties.
- I acknowledge that I am responsible for the repair and maintenance of any personal equipment that I provide.
- I acknowledge that if I am issued county equipment, I am responsible for ensuring that all county equipment is used properly, and that the county will provide repair for county equipment as needed.
- I acknowledge that in the event of any delay in repair or replacement of county equipment, or other circumstances that would make it impossible for me to telework, my department may assign other work, request that I be moved to another work location, or request that I return to my primary work location.
- I acknowledge receipt of the following County equipment to support my telework:

Item:	Item:
Item:	Item:
Item:	Item:

- I acknowledge that I will “check out” all supplies needed for the telework assignment by contacting the appropriate office staff.

Expenses Related to Telework

- I acknowledge that the Telework Program is voluntary, and no additional expenses related to teleworking will be reimbursed, except as provided by law, including, but not limited to, the following expenses:
- Maintenance or repairs of privately-owned equipment.
 - Utility costs associated with the use of electronics; including internet service costs.
 - Costs associated with the occupation of the home / offsite work location.
 - Travel expenses associated with commuting to the County office.
 - Costs associated with use of a personal cell phone or landline.
 - Out of pocket expenses for supplies that are regularly available at the County office (unless approved in advanced and in writing). These supplies are accessible to me at the primary work location.

Telework Provisions

- I acknowledge that the Telework Program is entirely voluntary and may be terminated by the Teleworker or the County at any time upon reasonable advance notice; rationale for termination must be provided on the Termination of Telework Agreement Form.



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- I acknowledge that the duties, obligations, responsibilities, and conditions of my employment with the county are unchanged; I also acknowledge that my salary, retirement, benefits, and county-sponsored insurance coverage are unchanged.
- I acknowledge that work hours and overtime compensation must conform to county policies and procedures, MOU provisions as applicable, and to the terms otherwise agreed upon by me and my supervisor.
- I acknowledge that I am required to participate in all studies, inquiries, reports, or analysis relating to Public Records Acts (PRA) Requests. I understand that any collected data that is made available to the general public will not contain any personal identifiers. I understand I may be asked to provide any county documents stored on personal equipment used while teleworking, such as a personal computer, telephone, or fax machine and that this could involve being asked to surrender such equipment and devices for audit and review in connection with legal compliance.
- I acknowledge that individual tax implications related to telework are my responsibility, and I understand that any questions in this regard should be posed to a tax expert, at my expense.

Final Acknowledgements

- I acknowledge that I remain obligated to comply with all county rules, policies, procedures, practices, and instructions. Violation of county policies may result in preclusion from telework and/or disciplinary action in accordance with Humboldt County Merit System Rule X, up to and including termination of employment.
- I acknowledge that I have received a copy of the County of Humboldt Information Systems Appropriate Use Policy, and I agree to comply with all such requirements and procedures in my alternate work location. I agree to check in with my supervisor when any information and security matters are at issue.
- I acknowledge that I am in compliance with the annual requirement to complete Cyber Awareness training.



County of Humboldt Telework Schedule

Choose One of the following telework Schedules:

- Occasional Telework Schedule**
- Recurring Telework Schedule (Indicate recurring schedule below)**

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Ongoing Communication & Supervision Requirements:

By my signature, I certify that I have reviewed this Telework Agreement & Schedule Form and understand all acknowledgements and the schedule outlined above. I understand that I may ask any questions before signing below.

Employee Name	
Employee Signature	
Date	

Department Head or Designee Name	
Department Head or Designee Signature	
Date	

- Approved
- Denied (Denial Explanation Required)

Denial Explanation:
