



City and Borough of Sitka Telework Agreement

Employee Name: _____

Position: _____

Department: _____

Date: _____

Employee has requested participation in the City and Borough of Sitka's ("CBS") telework program and the Supervisor has agreed to allow such participation based on this Agreement. The decision to grant an Employee's request to telework is in the sole discretion of the Supervisor.

The Employee understands and agrees to adhere to the guidelines and policies set for below.

1. **Duration.** This Agreement will be valid for a temporary period beginning on _____ and ending on _____. The Supervisor reserves the right to rescind this Agreement for noncompliance or other operational reasons during the duration of this Agreement with notice.
2. **Work hours.** Employee's work hours and alternate work location are specified in the Attachment at the end of this agreement.
3. **Pay and attendance.** All pay, leave and travel entitlement will be based on the position's primary business location. Employee's time and attendance will be recorded as performing official duties at the primary business location.
4. **Leave.** Employees shall follow establish leave procedures while teleworking and understands that they must follow such procedures in order to obtain approval before taking leave.
5. **Pay Status.** The Employee will be in pay status when working at the alternate work location designated below.
6. **Overtime.** Overtime eligible Employees may only work overtime that has been approved in advance and in writing by their Supervisor. The Employee understands that CBS may take disciplinary action if overtime work is engaged in by an overtime eligible Employee without prior approval.
7. **Work assignment.** The Employee will meet with the Supervisor as directed by the Supervisor to receive

assignments and to review completed work as necessary or appropriate. The Employee will complete all assigned work according to work procedures and deadlines mutually agreed upon by the Employee and Supervisor.

8. **Work Assignments/Performance.** Employee agrees to complete all assigned work according to procedures agreed upon by the Employee and the Supervisor. Employee agrees to provide regular reports if required by the Supervisor to help judge performance. The Employee understands that a decline in performance or any other reason or no reason may be grounds for canceling the alternative workplace arrangement.
9. **Performance location.** The Employee agrees to limit performance of assigned duties to the Employee's primary business location or to the approved alternate work location.
10. **CBS owned equipment.** In order to effectively perform assigned tasks, the Employee may use CBS equipment at the telecommuting location with the approval of the CBS. Employer owned equipment will be serviced and maintained by the employer. Any equipment provided by the Employee will be at no cost to the CBS and will be maintained by the Employee. The Employee will only use software that has been properly acquired for such use by the copyright holder.
11. **Records.** The Employee will apply approved safeguards to protect CBS records from unauthorized disclosure or damage. Work done at the alternate work location is considered CBS business. All records, papers, computer files, and correspondence must be safeguarded for their return to the primary business location. Even if located on personal equipment, the CBS may take possession of any work-related documents and copy any data or hard drives containing CBS related files.
12. **Liability.** The CBS will not be liable for damages to the Employee's property that results from participation in a telecommuting arrangement.
13. **No Reimbursement.** The CBS will not be responsible for operating costs, home maintenance, or any other incidental cost (e.g. utilities) whatsoever, associated with the alternate work location.
14. **Workers' Compensation.** The Employee is covered under the Workers' Compensation Law if injured in the course and scope of performing official duties during approved worked hours. The Employee must report any work-related injuries or illnesses to his/her Supervisor as soon as practicable
15. **Information and Computing Technology Policy.** This policy does not preclude the Employee from abiding by information and computing technology policy. Employees are expected to maintain current / up-to-date antivirus protection on their personal systems. Information Technology (IT) can provide setup instructions for users to connect to CBS (server names, connectivity instructions, etc.) but IT will not support personal systems.
16. **Failure to Comply with Agreement.** Employee Failure to comply with any provision in this Agreement may result in termination of this Agreement and disciplinary action, up to and including dismissal.

Approved Alternate Work Location(s): _____

NOTE: If alternate work location is outside of Alaska, Employee must notify payroll to coordinate payment of state taxes.

General Work Hours:

Day	Hours	Location (home, office, other)
Monday:	_____ - _____	_____
Tuesday:	_____ - _____	_____
Wednesday:	_____ - _____	_____
Thursday:	_____ - _____	_____
Friday:	_____ - _____	_____
Saturday:	_____ - _____	_____
Sunday:	_____ - _____	_____

Other Directions or Comments Agreed To (such as flexible work hours, any in-person reporting requirements, etc.)

Employee Signature: _____

Date:

Supervisor Signature: _____

Date:

Department Head Signature: _____

Date:

Distribution: Original – HR Personnel file
Copy – Supervisor
Copy – Employee