



Employee Name: _____

Job Title: _____

Division and Department: _____

Work Phone Number: _____ Alternate Work Site Phone Number: _____

Supervisor: _____ Work Phone: _____

Proposed Telecommuting Schedule:

Term of Agreement _____ to _____
(One year maximum term period, unless otherwise terminated as provided in procedure)

Day(s) of Week: _____

Work Schedule: _____
(hours the telecommuter will be working and can be contacted by supervisor, co-workers, customers)

Telecommuting Measurable Work Activities

Current work production or work units produced at office	Proposed work production or work units to be produced at alternate work site

Home Work Location Address, Dimension and Area Detail (square footage, furniture and equipment)

City Assets (if any) provided for use at remote work location

Description:	ID Numbers:
_____	_____
_____	_____
_____	_____



City information System to which employee will have access from remote work location (if any)

I have read and understand Salt Lake City’s Telecommuting Procedure and agree to the duties, obligations, responsibilities, work measurements and conditions for telecommuters expressed in this agreement, in addition to my normal duties, obligations and responsibilities as a Salt Lake City employee.

I agree that, among other things, I am responsible for measurable work products, establishing a specific schedule, furnishing and maintaining my designated work space in a safe manner, employing appropriate telecommuting security measures and protecting city assets and information systems.

I also understand that telecommuting is voluntary and not an entitlement. Either I, or the city through my supervisor and/or department head, can withdraw permission to telecommute at any time for any reason.

Employee Signature

Date

This employee is approved for telecommuting under the provisions detailed above and included in the city’s telecommuting procedure. I will review on a quarterly basis the employee’s productivity measurements to ensure that productivity remains the same or increases as a result of telecommuting.

Supervisor’s Signature

Date

This employee and employee supervisor are approved to work under the provisions of the city’s telecommuting procedures.

Department Head Signature

Date

Original copy back to employee. Other copies forwarded to employee’s supervisor and human resources for the employee’s official personnel file.