|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Information** | | | | | | | | | |
| **Employee Name:** |  | **Employee ID#:** | |  | | **Hire Date** | |  | **Date Submitted:** |
|  |  |  | |  | |  | |  |  |
| **Job Title:** |  | **Department:** | | | | | |  | **Phone Number:** |
|  |  |  | | | | | |  |  |
|  |  | |  | |  | |  | | |
| **Telework Agreement Guidelines –This agreement is to be completed by all employees whose normal duties are in an office setting who want to transition those duties to a teleworking arrangement. Gaston County agrees to permit employees to work at an offsite location, including home, and employee agrees to work offsite under the following terms and conditions. Employee agrees to maintain confidentiality of all County records and information as required by state and federal law, County policy, and/or department regulations. All other employee expectations regarding performance, conduct, and attendance remain unchanged.** | | | | | | | | | |

Please check if you have read and agree to the following policies and procedures:

(1) Gaston County Personnel Policies (found on GC intranet).

(2) Gaston County’s policies and procedures for information security, internet, email, viruses, and software licenses.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Telework Location Information/Details** | | | | | |
| **The location from which I will work is *(ex: My Home)*:** |  | | | | |
| **Physical Address *(no PO Boxes)*:** | | | | | |
| **Street Address** | | | | | |
|  | | | | | |
| **City** | |  | **State** |  | **Zip** |
|  | |  |  |  |  |

In establishing the home office area, I have determined that all common safety practices have been followed. I understand the County may conduct an onsite inspection to verify safe working conditions during normal business hours as defined by the schedule outlined below. My telework schedule, on a weekly basis, will be as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Hours** | **County Office *(# of hours)*** | **Home Office *(# of hours)*** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |
| **If not scheduled on a weekly basis, describe the telework schedule (teleworking that does not recur weekly):** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During scheduled telework times, I can be reached at | |  | | and if applicable, at |
|  | | . | | |
|  | |  | | |
| I agree to obtain my telephone messages at least |  | | on each scheduled work day while | |
| teleworking. | |  | | |

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1. **Working Conditions Applicable to All Employees:**

**I agree:**

1. I am expected to be actively working during the agreed upon teleworking schedule above in the same manner as I am on an office-based workday. It is my responsibility to request/inform my supervisor/manager if my availability changes in the same manner as I would on an office-based workday, subject to my department/division procedures.
2. I will take my regularly scheduled lunch/meal break, unless otherwise agreed to in advance with my supervisors/manager.
3. I will request the use of personal leave time (vacation, sick, and/or holiday accrued time) in the same manner as I would for an office-based workday, subject to my department/division procedures.
4. I understand that my supervisor/manager may call me to work at an assigned worksite for business reasons on a scheduled teleworking day.
5. I will not hold in-person business meetings with internal or external clients, customers, or colleagues at my residence.
6. I will not conduct any unauthorized external (non-county) work or activities during my teleworking schedule.
7. **Additional Working Conditions Applicable to Non-Exempt Employees:**

**I agree:**

1. As an overtime-eligible (non-exempt) employee under the FLSA, I understand all work performed at home is considered work time and is compensable.
2. I will clock-in and clock-out in accordance with County policies and procedures to record all hours worked (and not worked) in the same manner as I would during an office-based workday (i.e., if I am not performing work for the County beyond customary work breaks that I would normally take in the office, then I will clock out).
3. I understand hours beyond my normal work schedule must be authorized in advance by my supervisor/manager.
4. I understand I will be compensated for all hours worked, including both approved and unapproved overtime, however, disciplinary action may be taken if I have worked time that was unauthorized.

This telework agreement may be terminated at any time for any reason by me or the County. If I terminate the agreement, I must give my assigned department up to two weeks to identify office/work space for me. Violations of this agreement are subject to the County’s disciplinary process as outlined in the Gaston County Personnel Policy Manual.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***For Supervisor Use*** | | | | |
| Approved |  | Approved with modifications to request |  | Denied |
| Modifications, if any: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |
| **Supervisor Signature:** |  | **Date:** |  |
| **Director Signature:** |  | **Date:** |  |

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