



Telework Agreement

Employee Name:	Employee ID:	Division/Department:
Employee Title:	Employee Supervisor:	

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. Employees whose work is primarily in the community with direct interaction with customers (defined in the teleworking policy) do not need to complete this agreement. Mecklenburg County agrees to permit employees to work at an offsite location including home, mobile office, etc. and employee agrees to work offsite under the following terms and conditions.

Employee agrees to maintain the confidentiality of all County records and information as required by state or federal law as well as County policy and/or department regulations. All other employee expectations regarding performance, conduct and attendance remain unchanged.

This document does not constitute a contract of employment, either express or implied. Employee expressly acknowledges that he/she cannot rely on or take actions in reliance upon any particular duration of the permission to work at home.

I have read and understand the following documents and agree to comply with the policies and procedures contained therein. Failing to comply may result in termination of the telework privilege:

- Mecklenburg County Telework Policy (HR Policy Manual found on MeckWeb)
- Mecklenburg County's policies and procedures for information security, Internet, e-mail, viruses, software licenses, remote access, and County phone (found on MeckWeb)

In establishing the home office area, I have determined that all common safety practices have been followed and this area provides a safe work environment. 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:

Teleworker's Weekly Schedule (limit of three days per week)

Day	Hours	County Office	Home Office
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

If not scheduled on a weekly basis, please describe the schedule:

During scheduled telework times, I can be reached at the following phone number _____.

I agree to check my telephone messages regularly but at a minimum of at least _____ times on each scheduled workday while teleworking.

A. 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 supervisor/manager.
3. I will request the use of benefit leave (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. I will not act as the primary caregiver for dependents during my scheduled work hours.
8. I am working from a remote location within North Carolina or South Carolina.
9. I understand if I receive correction action other than a Documented Reminder on or after January 31, 2022 my telework agreement will be revoked for 1 year.

B. 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 any 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 corrective 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/workspace for me. Violations of this agreement are subject to the County's process as outlined in the Mecklenburg County Human Resources Policy & Procedure Manual.

Employee Signature:	Date:
Supervisor Signature:	Date:
Division Director:	Date: