



# TELECOMMUTING

## Authorization Form

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_

Off-site Work Location: \_\_\_\_\_

Best number to reach you when telecommuting (circle best number):

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

You are authorized to telecommute with the following schedule:

	Start Time	End Time	Start Time	End Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

*The City reserves the right to modify this schedule or terminate your telecommuting at any time. You may request a modification of your schedule or end telecommuting at any time with City approval.*

The City is required to oversee employee safety and to comply with federal, state, and local labor and employment laws for employees who telecommute as well as those who work in the office. You must, therefore, comply with all company policies and directives regarding your off-site workplace. In addition, you must permit the City to inspect your off-site workplace upon request.

Occasionally, you may be required to work in the office during a period when you would normally telecommute.

You are responsible for working during the designated telecommuting hours, and you should therefore be available to your supervisor, colleagues, clients, or customers and others during your telecommuting periods. Non-exempt employees may not work overtime without written authorization from their supervisor.

City equipment installed in off-site work location is to be used only for work purposes. You are responsible for any damage to City property caused by negligence or circumstances (e.g. children, pets, etc.) You are required to return all City equipment promptly upon request. You are responsible for the maintenance and repair of any personal property used for your work.

The following equipment will be provided by the City:

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You must report to your supervisor or other designated person if you are ill, if equipment or power fails, or for any other reason you will not be working during the telecommuting period.

You are subject to all City rules and policies as described in the employee personnel policy.

I accept the foregoing terms and conditions for telecommuting.

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Employee's Signature

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Date

***Approved By:***

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Supervisor's Signature

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Date

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City Manager's Signature

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Date