



Telework Agreement

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| Employee Name | |
| Employee Number | |
| Employee's Title | |
| Employee's Email | |
| Department | |
| Name of Supervisor | |
| County Office Address | |

Telework Schedule

| | |
|-------------------|---|
| Telework Schedule | _____ days per week OR _____ days per month |
| Telework Hours | _____ a.m. to _____ p.m. |

_____ I acknowledge that my telework schedule may not be changed without prior written approval from my supervisor.

_____ I acknowledge that requests to work overtime, utilize sick leave, request time off, or request a leave of absence must be approved by my Telemanager in the same manner as when working in the County office.

_____ I acknowledge that if I am sick while Teleworking, I am required to report the hours worked, and I must use sick leave or other accrued time to cover the hours not worked.

Telework Location

| | |
|---|--|
| Regular Telework Location | |
| Mileage one-way from Telework Location to County Office Address | |

_____ I acknowledge that the designated telework location is considered an extension of the County work space, and that the County's workers' compensation liability for job-related accidents or injury will apply during my stated telework hours.



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_____ I acknowledge that I am liable for injuries to any third parties or members of my family, guests, or others present at the telework location.

_____ I acknowledge that I am responsible for designating a work space for the installation of equipment to be used while teleworking. I agree to maintain the space in a safe condition, free of hazards and other dangers to myself and to County equipment.

_____ I acknowledge that the County may make on-site visits to my telework location to determine if the work space is safe, to ensure that the location is free from hazards, and to maintain, inspect, repair, replace, and/or retrieve County-owned equipment, software, data, or supplies.

Telework Equipment & Supplies

_____ I acknowledge that any equipment provided by the County of Los Angeles for the purpose of facilitating Telework may only be used at the regular telework location noted above, and only by me for purposes relating to only to County business.

_____ I acknowledge that I am responsible for ensuring that all County equipment is used properly, and that the County will provide repair for County equipment as needed.

_____ I acknowledge that in the event of any delay in repair or replacement of equipment, or other circumstances that would make it impossible for me to telework, my department may assign other work, or request that I be moved to another work location.

_____ I acknowledge that I am responsible for the repair and maintenance of any personal equipment that I provide.

_____ I acknowledge receipt of the following County equipment to support my telework:

| | |
|-------|-------|
| Item: | Item: |
| Item: | Item: |
| Item: | Item: |

_____ I acknowledge that I will “check out” all supplies needed for the telework assignment by contacting the appropriate office staff.



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Expenses Related to Telework

_____ I acknowledge that the County will not pay for, or reimburse the following expenses:

- Maintenance or repairs of privately owned equipment
- Utility costs associated with the use of electronics
- Costs associated with the occupation of the home / offsite work location
- Travel expenses associated with commuting to the County office (other than authorized transit subsidies).
- Out of pocket expenses for supplies that are regularly available at the County office (unless approved in advanced and in writing).

_____ I acknowledge that in the event that the County does not provide a cellular phone, the County will pay for all business-related telephone calls on my personal telephone or cellular phone. I will be required to submit my claims on a Travel Expense Claim form along with documentation to support the expense.

Telework Provisions

_____ I acknowledge that the Telework assignment is entirely voluntary and may be terminated by the Teleworker or the County at any time.

_____ I acknowledge that the duties, obligations, responsibilities, and conditions of my employment with the County are unchanged; I also acknowledge that my salary, retirement, benefits, and County-sponsored insurance coverage are unchanged.

_____ I acknowledge that work hours and overtime compensation must conform to the County Code, County policies and procedures, MOU provisions as applicable, and to the terms otherwise agreed upon by me and my Telemanager.

_____ I acknowledge that I am required to participate in all studies, inquiries, reports, or analysis relating to CTP. I understand that any collected data that is made available to the general public will not contain any personal identifiers.

_____ I acknowledge that I remain obligated to comply with all County rules, policies, procedures, practices, and instructions (County Policies). Violation of County policies may result in preclusion from telework and/or disciplinary action, up to and including termination of employment.



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_____ I acknowledge that individual tax implications related to telework are my responsibility, and I understand that any questions in this regard should be posed to a tax expert, at my expense.

Final Acknowledgements

_____ I acknowledge that telework is not intended as a substitute for providing care of adult dependents or children, and that I must make regular arrangements to for the care of dependent adults or children.

_____ I acknowledge that I have received a copy of the County's Information and Security Requirements and Procedures, and I agree to comply with all such requirements and procedures in my designated telework location. I agree to check in with my Telemanager when any information and security matters are at issue.

| | |
|-------------------------|--|
| Teleworker Printed Name | |
| Teleworker Signature | |
| Date | |

| | |
|--------------------------|--|
| Telemanager Printed Name | |
| Telemanager Signature | |
| Date | |